

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2020**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

NEAL P Timothy

MAILING ADDRESS :

27 Cayuga Rd

Sea Ranch Lakes

CITY : ZIP : COUNTY :

Sea Ranch Lakes 33308 USA

NAME OF AGENCY :

Sea Ranch Lakes Village

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Village Council

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS****PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE<br>OF INCOME   | SOURCE'S<br>ADDRESS       | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-------------------------------|---------------------------|--|
| Neal Realty & Investments Inc | 3300 N Federal Hwy #250   | Commercial Real Estate                                     |
|                               | Fort Lauderdale, FL 33306 | Broker, Sales , Leasing                                    |
|                               |                           |  |
|                               |                           |  |

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE      | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|--|---------------------------|--|
| Neal Property Managemen    |  | 3300 N Federal Hwy #250   | Commercial Property                      |
|                            |  | Fort Lauderdale, FL 33306 | Management                               |
|                            |  |                           |  |

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

27 Cayuga Road, Sea Ranches Lakes, FL 33308

3300 N Federal Hwy, Fort Lauderdale, FL 33306

2500 N State Rd 7, Lauderdale Lakes, FL33313

You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.**FILING INSTRUCTIONS** for when  
and where to file this form are  
located at the bottom of page 2.**INSTRUCTIONS** on who must file  
this form and how to fill it out  
begin on page 3.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
|                    |   |
|                    |   |

**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
|                  |                     |
|                  |                     |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

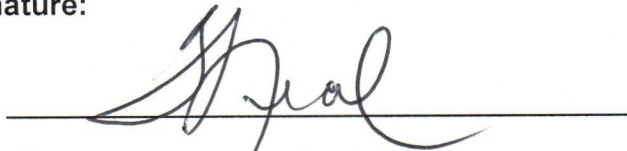
(If you have nothing to report, write "none" or "n/a")

|   | BUSINESS ENTITY # 1             | BUSINESS ENTITY # 2              |
|---|---------------------------------|----------------------------------|
| NAME OF BUSINESS ENTITY                       | <i>Neal Realty Invest</i>       | <i>Neal Property Mgmt</i>        |
| ADDRESS OF BUSINESS ENTITY                    | 3300 N Federal Hwy Ft lauderdal | 3300 N Federal Hwy Ft Lauderdale |
| PRINCIPAL BUSINESS ACTIVITY                   | Commercial Broker               | Commercial Property Mgmt         |
| POSITION HELD WITH ENTITY                     | President                       | President                        |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                                 |                                  |
| NATURE OF MY OWNERSHIP INTEREST               | 100%                            | 100%                             |

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

**I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:



Date Signed:

*7/1/21***CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, *Sherry Curney*, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature:

*Sherry Curney*

Date Signed:

*7-1-21***FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE:** *Initially*, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.



**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2019**

FOR OFFICE USE ONLY:

2020 JUN 16 PM 2:19  
FRANKLIN COUNTY  
SUPERVISOR OF ELECTIONSTimothy Neal 265237  
Sea Ranch Lakes Village Council  
27 Cayuga Rd  
Sea Ranch Lks, FL 33308CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME     | SOURCE'S ADDRESS                                       | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|------------------------------|--|---|
| Real Realty Investments, Inc | 3300 N. Federal Hwy # 250<br>Fort Lauderdale, FL 33306 | Commercial Real Estate<br>Broker, Sales, Leasing        |
|                              |  |   |
|                              |  |   |

**PART B -- SECONDARY SOURCES OF INCOME**  
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE                                     | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|---|---------------------------------------|
| Real Property Mgmt      |   | 3300 N. Federal Hwy #250<br>Fort Lauderdale, FL 33306 | Commercial Property<br>Management     |
|                         |   |   |                                       |
|                         |   |   |                                       |

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")27 Cayuga Road, Sea Ranch Lakes, FL 33308  
3300 N. Federal Hwy, Fort Lauderdale, FL 33306  
2500 N. State Rd 7, Lauderdale Lakes, FL 33313

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
|                    |   |
|                    |   |

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
|                  |                     |
|                  |                     |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | BUSINESS ENTITY #1                | BUSINESS ENTITY #2                |
|-------------------------|-----------------------------------|-----------------------------------|
|                         |                                   |                                   |
|                         | Real Realty & Invest, Inc         | Real Property Mgmt, Inc           |
|                         | 3300 N Fed Hwy, Ft Lauderdale, FL | 3300 N Fed Hwy, Ft Lauderdale, FL |
|                         | Commercial Broker                 | Commercial Property Mgmt          |
|                         | President                         | President                         |
|                         |                                   |                                   |
|                         |                                   |                                   |
|                         | 100%                              | 100%                              |

**PART G — TRAINING**

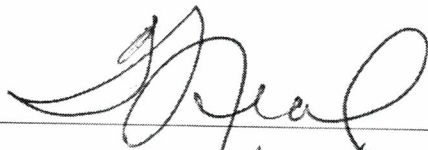
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

Signature:



Date Signed:

5/29/2020

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.



## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2018

Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

NEAL, TIMOTHY PAUL

MAILING ADDRESS :

27 CAYUGA ROAD

SEA RANCH LAKES FL 33308 USA

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2018 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE<br>OF INCOME | SOURCE'S<br>ADDRESS                                  | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------|--|--|
| Neal Realty & Investments   | 3300 N. Federal Hwy #250<br>Fort Lauderdale FL 33306 | Commercial Real Estate<br>Broker/Sales/Leasing             |
|                             |  |  |
|                             |  |  |

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE                        | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|--|---|--|
| Neal Property Management   | Neal Prop Mgmt                               | 3300 N. Fed Hwy #250<br>Fort Laud, FL 33306 | Comm Property<br>Mgmt                    |
|                            |  |   |  |
|                            |  |   |  |

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

27 CAYUGA ROAD - Sea Ranch Lakes FL 33308

3300 N. Federal Hwy, Ft Laud, FL 33306

2500 N. State Rd #7, Lauderdale Lakes FL

FILING INSTRUCTIONS for when  
and where to file this form are  
located at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

None

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

Neel Realty & Invest Inc

Neel Prop Mgmt Inc

ADDRESS OF BUSINESS ENTITY

3300 N. Federal Hwy

3300 N. Federal Hwy

PRINCIPAL BUSINESS ACTIVITY

Commercial Broker

Comm Property Mgmt

POSITION HELD WITH ENTITY

President

President

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

100%

100%

NATURE OF MY OWNERSHIP INTEREST

100%

100%

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

Signature:



Date Signed:

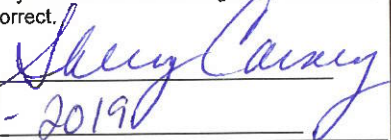
5-27-2019

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Sherry Carney, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature:



Date Signed:

5-27-2019

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

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**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Timothy Neal-265237  
27 Cayuga Rd  
Sea Ranch Lks, FL 33308

\*\*\*\* **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☐ DECEMBER 31, 2017 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR **DOLLAR VALUE THRESHOLDS**

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS                                     | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|--|---|
| NEAL REALTY & INVEST     | 3300 N. Federal Hwy #250<br>Fort Lauderdale FL 33306 | COMM REAL ESTATE<br>BROKER - SALES - LEASING            |
|                          |  |   |
|                          |  |   |

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE                                 | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|---|---------------------------------------|
| NEAL PROPERTY MGMT      | COMM PROPERTY<br>MGMT                     | 3300 N. Fed Hwy #250<br>Fort Lauderdale, FL 33306 | COMM Property<br>Mgmt                 |
|                         |   |   |                                       |

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

|  |
|--|
| 27 CAYUGA Road Sea Ranch Lks, FL 33308       |
| 3300 N. Federal Hwy - Ft Lauderdale FL 33306 |
| 26th Street - Lauderdale Lakes, FL           |

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| None               |   |
|                    |   |

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
|                  |                     |
|                  |                     |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

|   | BUSINESS ENTITY #1          | BUSINESS ENTITY #2           |
|---|-----------------------------|------------------------------|
| NAME OF BUSINESS ENTITY                       | Real Estate Investments Inc | Real Property Management Inc |
| ADDRESS OF BUSINESS ENTITY                    | 3300 N. Federal Hwy         | 3300 N. Fed Hwy              |
| PRINCIPAL BUSINESS ACTIVITY                   | Commercial Broker           | Comm Property Management     |
| POSITION HELD WITH ENTITY                     | President                   | President                    |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | No                          | No                           |
| NATURE OF MY OWNERSHIP INTEREST               | 100%                        | 100%                         |

**PART G — TRAINING**

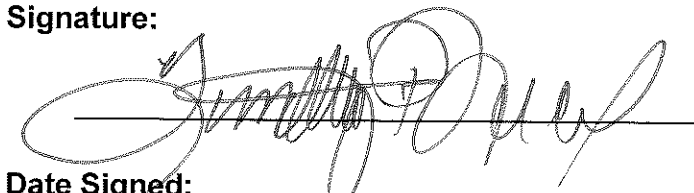
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

**IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**SIGNATURE OF FILER:**

Signature:



Date Signed:

Jun 26/2018

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to [CEForm1@leg.state.fl.us](mailto:CEForm1@leg.state.fl.us). Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.



## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2016

Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

NEAL TIMOTHY PAW

MAILING ADDRESS:

27 CAYUGA ROAD

SEA RANCH LAKES FL 33308 USA

CITY:

ZIP:

COUNTY: BROWARD

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

## \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☐ DECEMBER 31, 2016 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

## PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS                            | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|---|---|
| NEAL REALTY & INVEST     | 3300 N FED HWY A 250<br>FORT LAUD, FL 33306 | COMM REAL ESTATE<br>BROKER / SALES / LEASING            |
|                          |   |   |
|                          |   |   |

## PART B - SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE                    | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|--------------------------------------|---------------------------------------|
| NEAL PROPERTY mgmt      | PROPERTY MANAGEMENT<br>COMMERCIAL         | 3300 N. Fed Hwy<br>FT LAUD, FL 33306 | COMM PROPERTY<br>Management Co.       |
|                         |   |                                      |                                       |
|                         |   |                                      |                                       |

## PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

|  |
|--|
| 27 Cayuga Road - Sea Ranch Lakes - FT LAUD |
| 3300 N. Fed Hwy, FT LAUD, FL 33306         |
| 26th STREET, Landdale Lakes, FL            |
| SHOPS @ 26th STREET LLC                    |

FILING INSTRUCTIONS for when  
and where to file this form are  
located at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

None

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

|   | BUSINESS ENTITY # 1  | BUSINESS ENTITY # 2 |
|---|----------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | Real Realty & Invest | Real Property Mgmt  |
| ADDRESS OF BUSINESS ENTITY                    | 3300 N. Federal Hwy  | 3300 N. Fed Hwy     |
| PRINCIPAL BUSINESS ACTIVITY                   | Comm Broker          | Comm Property Mgmt  |
| POSITION HELD WITH ENTITY                     | President            | President           |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | No                   | No                  |
| NATURE OF MY OWNERSHIP INTEREST               | 100%                 | 100%                |

**PART G — TRAINING**

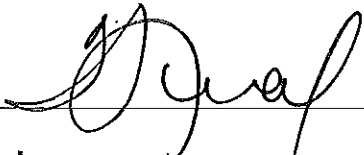
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/30/17

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.**

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. **Candidates** must file at the same time they file their qualifying papers.

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