FORM 1 2020 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : Timothy NEAL 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 **DOLLAR VALUE THRESHOLDS** OR 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 3300 N Federal Hwy #250 Neal Realty & Investments Inc 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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** 3300 N Federal Hwy #250 Commercial Property Neal Property Managemen Fort Lauderdale, FL 33306 Management PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space on the (If you have nothing to report, write "none" or "n/a") lines on this form. Attach additional sheets, if necessary. 27 Cayuga Road, Sea Ranches Lakes, FL 33308 FILING INSTRUCTIONS for when 3300 N Federal Hwy, Fort Lauderdale, FL 33306 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.

2500 N State Rd 7, Lauderdale Lakes, FL33313

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			
	www.			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR		ADDRES	SS 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	Neal Rea	1+44 Invest	Neal Property Mant	
ADDRESS OF BUSINESS ENTITY	3300 N Federal I	Hwy Ft lauderdal	3300 N Federal Hwy Ft Lauderdal	
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 SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY	
Signature:		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,		
Date Signed: 7/1/2/	te Signed: 7/1/2/ CPA/Attorney Signature: Date Signed: 7-/-2/ UNC 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

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 the complete statement of the commission by the commis 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

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	STATEMI	ENT OF		2019
FURNIT	FINANCIAL II		FC	OR OFFICE USE ONLY:
Timothy Neal 265237 Sea Ranch Lakes Village Villag 27 Cayuga Rd Sea Ranch Lks, FL 33308	ge Council			2020 JUN 16 PM 2: 19 EROWAND SOUNTY SUPERVISOR OF ELECTIONS
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A		***	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y				MBER 31, 2019.
FEWER CALCULATIONS, OR US (see instructions for further details	REPORTABLE INTERESTS: USING REPORTING THRESHOLE SING COMPARATIVE THRESHOLE S). CHECK THE ONE YOU ARE US PERCENTAGE) THRESHOLDS	SING (must check one):		VALUES, WHICH REQUIRES ON PERCENTAGE VALUES THRESHOLDS
DOMARY SOURCES OF	INCOME [Major sources of income to	the reporting person - See instr	uctions]	
(If you have nothing to re	sport, write none or way	URCE'S	DESC	CRIPTION OF THE SOURCE'S
OF INCOME Real Realty a Investments, I	nc 3300 N. Tednold I Fort Landondal,	tuy # 250	Commen Broker	Sale Leasing
(If you have nothing to	s, and other sources of income to busines o report, write "none" or "n/a") NAME OF MAJOR SOURCES	sses owned by the reporting per ADDRESS I OF SOURCE	rson - See in	structions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BUSINESS ENTITY	OF BUSINESS' INCOME	3300 N. Lectural Hu	16 H OSO	Commercial Property
Med Property Might		Foot Landerday		Management
				<i>0</i>
PART C REAL PROPERTY [Lan (If you have nothing to	d, buildings owned by the reporting pers report, write "none" or "n/a")	2 1	lines or	e not limited to the space on the n this form. Attach additional if necessary.
22 Canyaga Road St	a Ranch Lake, FC 3332	FL 3 3306	FILING	INSTRUCTIONS for when neere to file this form are dat the bottom of page 2.
2500 N. State Rd 7,	Laudendal Lote FL	33313	INSTRI	JCTIONS on who must file m and how to fill it out begin

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, but the property write "penel" and	hands configurate of described		
(") a mare meaning to report, write mone of	"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 "			
5	'n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Owners (If you have nothing to report, write "none" or "r	ship or positions in certain types of businesses - See instructions]		
and the second states and the second states are second sec	BUSINESS ENTITY#1 BUSINESS ENTITY#2		
NAME OF BUSINESS ENTITY	Malty a Invest, Inc Meal Property Mont Inc		
PRINCIPAL BUCINEGO ACTUATA	3300 N Led Huy Ft Landordd FC 3300 N Led Hux Ft Landordal FL		
	nmercial Broken Commercial Projects Mignifi		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Usident President		
NATURE OF MY OWNERSHIP INTEREST	1000		
PART G — TRAINING	100%		
For elected municipal officers required to complete annual eth	nics training pursuant to section 112 3142 ES		
☐ I CERTIFY THAT I HAVE	E COMPLETED THE REQUIRED TRAINING.		
SIGNATURE OF FILER:	ITINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
	CPA or ATTORNEY SIGNATURE ONLY		
Signature:	If a certified public accountant licensed under Chapter 473, or attornin good standing with the Florida Bar prepared this form for you, his she must complete the following statement:		
Date Signed:	I,, prepared the C Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.		
5/29/20.	CPA/Attorney Signature:		
	Date Signed:		
FILING INSTRUCTIONS:			
f you were mailed the form by the Commission on Ethion or	a Country Com Ed. 4 Th at a		

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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 <u>not</u> 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	2018
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE N EAL T (MOT	11 (1) (1) (1)	_
MAILING ADDRESS:	GA ROAD	
SEA RANCH LAKE	-S FL 33208 USA	
CITY:	ZIP: COUNTY:	*
NAME OF AGENCY :		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	
. /	s on this form. Attach additional sheets, if necessary. OR NEW EMPLOYEE OR APPOINTEE	
DISCLOSURE PERIOD:	PARTS OF THIS SECTION MUST BE COM	
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ASE STATE BELOW WHETHER THIS STATEMENT IS FOR T	, WHETHER BASED ON A CALENDAR HE PRECEDING TAX YEAR ENDING
DECEMBER 31, 201	8 OR O SPECIFY TAX YEAR IF OTHER THA	IN THE CALENDAR YEAR:
	G REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLL	
for further details). CHECK THE ONE	RATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON YOU ARE USING (must check one):	·
☐ COMPARATIVE (PE	RCENTAGE) THRESHOLDS OR DOLLA	AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to the reporting person - See instr rt, write "none" or "n/a")	uctions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
real leady & Investments	3.300 N. Tederal Hay # 250 (Commercial led Estate
1	Fort Landerdal FC 37306	Broker Sales Teasing
		, ,
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to businesses owned by the reporting per	rson - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Mery Property Management	New Prop Mant 3300 N. Ted Have	1 H250 Comm Promty
1 1 7	Fort Land 1723	3306 Mmt
	,	V
PART C REAL PROPERTY [Land, but	1	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
INSTRUCTIONS on who must		
	10 01 (1 '2 270/-	
SSOON PROMIM HWY HT	Lundendali dalin FC	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		JSINESS ENTITY TO V	VHICH THE PROPERTY RELATES	
Nou				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")			
NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
	./01			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	[Ownership or positions " or "n/a") BUSINESS		sinesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		Invest Inc	Neal Peop Mint ync	
ADDRESS OF BUSINESS ENTITY	3300 N. Tede	ral Hay	3300 N. Tederal Huy	
PRINCIPAL BUSINESS ACTIVITY	Commercial Broker Ce		Comm Property Mynt	
POSITION HELD WITH ENTITY	President		Kresiden +	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			1009	
NATURE OF MY OWNERSHIP INTEREST	100%		1006	
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 AR	E CONTINUED ON	A SEPARATE SHE	EET, PLEASE CHECK HERE	
SIGNATURE OF FILE			ORNEY SIGNATURE ONLY	
Signature: Date Signed: 5-2019		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, Form 1 in accordance with Section 112.3/45, 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: Date Signed:		
EILING INSTRUCTIONS:				

FILING INSTRUCTIONS:

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FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

FOR OFFICE USE ONLY:

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

***	DOTL	DADTO	OF THE	CECTION	MILIOT DE	COMPLETED	****
****	BUIM	PARIS	OF IHIS	SECTION	MINOIPE	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 <u>OR</u>

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

R

DOLLAR VALUE THRESHOLDS

	OF INCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See inst	tructions		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
NEAL REALTY & INVE	ST 3300 N. Jedenal	tuy #250	Comin	1 REAL ESTATE	
•	FOYT Laudendali	PL 23306	BROKE	ER - SALES-LEASING	
			y		
	ES OF INCOME ts, and other sources of income to busine o report, write "none" or "n/a")	sses owned by the reporting pe	rson - See i	nstructions]	
NAME OF BUSINESS ENTITY			ADDRESS OF SOURCE		
NEAL PROPERTY MONT	COMM PROPERTY	3300 N. Lev Huy #250		COMM Property	
MENT		Fort Landordal & 3330		$A_{\alpha \beta} = A_{\alpha \beta} + A_{\alpha \beta}$	
				V .	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") FILING INSTRUCTIONS for when and where to file this form are					
27 CAYUGA LOOD S	ea Ranch Laby F1 3330	8	locate	d at the bottom of page 2.	

this form and how to fill it out

begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc See ir	nstructions]
TYPE OF INTANGIBLE	•	WHICH THE PROPERTY RELATES
Nou		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non	e" or "n/a")	
NAME OF CREDITOR	ADDRI	ESS OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none	t Dwnership or positions in certain types of bus or "n/a") BUSINESS ENTITY# 1	, and the second
NAME OF BUSINESS ENTITY	Illoat Calty v Investments Inc	BUSINESS ENTITY#2 Real Proyerty Management Inc
ADDRESS OF BUSINESS ENTITY	3300 N. Lederal Hwy	3300 N. Jed Hwy
PRINCIPAL BUSINESS ACTIVITY	Commercial Droker	Donn Rouse Management
POSITION HELD WITH ENTITY	Mesident	Pagaident
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	No
NATURE OF MY OWNERSHIP INTEREST	100%	106%
	HAVE COMPLETED THE REQ	UIRED TRAINING.
IF ANY OF PARTS A THROUGH G AR SIGNATURE OF FILE		
Signature: Date Signed: Jun 36 2018	If a certified public acc in good standing with she must complete the	, prepared the CE e with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the ue and correct.
FILING INSTRUCTIONS:		
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2016 FORM 1 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: - FIRST NAME - MIDDLE NAME LAST NAME MAILING ADDRESS 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 ☐ 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** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: OR 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 DESCRIPTION OF THE SOURCE'S SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY INVEST 2 S O 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 MAJOR SOURCES **ADDRESS** NAME OF PRINCIPAL BUSINESS OF BUSINESS' INCOME **BUSINESS ENTITY** OF SOURCE ACTIVITY OF SOURCE

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certif (If you have nothing to report, write "none" or "n/a")	icates of deposit, etc See instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Noju	DOGREGO ENTE TO WHOLITHET NO. EM FREDUCO		
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 pos	itions in certain types of businesses - See instructions		
(If you have nothing to report, write "none" or "n/a")	NĘŞS ENTIŢY# 1 , / BŲŜINĘSS ENTIŢY,# 2		
	ally & govert 160 Mounty Mont		
ADDRESS OF BUSINESS ENTITY 200 N	Floral Hay 3300 N. Fld Hay		
PRINCIPAL BUSINESS ACTIVITY	In Broller Comp Printy Mint		
POSITION HELD WITH ENTITY (//L/D) IW			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	10 11		
NATURE OF MY OWNERSHIP INTEREST 1000	100%		
PART G — TRAINING			
For elected municipal officers required to complete annual ethics training			
I CERTIFY THAT I HAVE COM	PLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE 🔲		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY		
Signature:	If a certified public accountant licensed under Chapter 473, or attorney		
1:A	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
$\mathcal{Y} / \mathcal{O} = \mathcal{O} / \mathcal{O}$	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
- July	instructions to the form. Upon my reasonable knowledge and belief, the		
Date Signed:	disclosure herein is true and correct.		
6/30/17	CPA/Attorney Signature:		
	Date Signed:		
FILING INS	ructions:		
WHAT TO FILE: WHERE TO FILE:	WHEN TO FILE:		
After completing all parts of this form, including If you were mailed the	e form by the Commission Initially, each local officer/employee, state officer,		

After completing all parts of this form, <u>including</u> <u>signing and dating it</u>, 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.

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.