**FORM 1 STATEMENT OF FINANCIAL INTERESTS 2020**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

NEAL P Timothy

MAILING ADDRESS:

27 Cayuga Rd

Sea Ranch Lakes

CITY: Sea Ranch Lakes ZIP: 33308 COUNTY: 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

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")

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neal Realty &amp; Investments Inc</td>
<td>3300 N Federal Hwy #250</td>
<td>Commercial Real Estate</td>
</tr>
<tr>
<td></td>
<td>Fort Lauderdale, FL 33306</td>
<td>Broker, Sales, Leasing</td>
</tr>
</tbody>
</table>

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")

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neal Property Management</td>
<td>3300 N Federal Hwy #250</td>
<td>Fort Lauderdale, FL 33306</td>
<td>Commercial Property</td>
</tr>
</tbody>
</table>

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")

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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")

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Neal Realty Invests</td>
<td>Neal Property Mgmt</td>
</tr>
<tr>
<td>ADDRESS OF BUSINESS ENTITY</td>
<td>3300 N Federal Hwy Ft Lauderdale</td>
<td>3300 N Federal Hwy Ft Lauderdale</td>
</tr>
<tr>
<td>PRINCIPAL BUSINESS ACTIVITY</td>
<td>Commercial Broker</td>
<td>Commercial Property Mgmt</td>
</tr>
<tr>
<td>POSITION HELD WITH ENTITY</td>
<td>President</td>
<td>President</td>
</tr>
<tr>
<td>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>NATURE OF MY OWNERSHIP INTEREST</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: [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, [Name], 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: [Signature]

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:

*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  
- [ ] 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")

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<thead>
<tr>
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<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Realty Investments Inc</td>
<td>3300 N. Federal Hwy # 250, Fort Lauderdale, FL 33306</td>
<td>Commercial Real Estate</td>
</tr>
</tbody>
</table>

**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")

<table>
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<tr>
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<td>Commercial Property</td>
<td></td>
</tr>
</tbody>
</table>

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

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

| 3300 N. Federal Hwy, Fort Lauderdale, FL 33306 |
| 8500 W. State Rd 7, Fort Lauderdale, 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.

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

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<tr>
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<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
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PART E — LIABILITIES [Major debts - See instructions]  (If you have nothing to report, write "none" or "n/a")

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<th>BUSINESS ENTITY #1</th>
<th>BUSINESS ENTITY #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Real Estate Venture, Inc</td>
<td>Real Property Venture, Inc</td>
</tr>
<tr>
<td>ADDRESS OF BUSINESS ENTITY</td>
<td>5500 N 73rd Ave, Ft. Lauderdale, FL</td>
<td>5500 N 73rd Ave, Ft. Lauderdale, FL</td>
</tr>
<tr>
<td>PRINCIPAL BUSINESS ACTIVITY</td>
<td>Commercial Broker</td>
<td>Commercial Property Manager</td>
</tr>
<tr>
<td>POSITION HELD WITH ENTITY</td>
<td>President</td>
<td>President</td>
</tr>
<tr>
<td>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</td>
<td>100%</td>
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</tr>
</tbody>
</table>

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: 3/29/2020

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:

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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:

LAST NAME – FIRST NAME – MIDDLE NAME:

**NEAL TIMOTHY PAUL**

MAILING ADDRESS:

21 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):

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### 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")

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<tr>
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<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate Investments</td>
<td>3300 N. Federal Hwy #250, Fort Lauderdale FL 33306</td>
<td>Commercial Real Estate</td>
</tr>
</tbody>
</table>

### 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")

<table>
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<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Property Management</td>
<td>Real Prop Mgmt 3300 N. Fed Hwy #250, Fort Lauderdale FL 33306</td>
<td>Comm Prop</td>
<td></td>
</tr>
</tbody>
</table>

### PART C -- REAL PROPERTY
(Land, buildings owned by the reporting person - See instructions)
(If you have nothing to report, write "none" or "n/a")

<table>
<thead>
<tr>
<th>PROPERTY LOCATION</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 CAYUGA ROAD - SEA RANCH LAKES FL 33308</td>
<td></td>
</tr>
<tr>
<td>3300 N. Federal Hwy #250, Fort Lauderdale FL 33306</td>
<td></td>
</tr>
<tr>
<td>2500 N. State Rd #7, Lauderdale Lakes FL</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NOT</strong></td>
<td></td>
</tr>
</tbody>
</table>

### PART E — LIABILITIES

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART F — INTERESTS IN SPECIFIED BUSINESSES

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY #1</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Real Estate Invest Inc</strong></td>
<td><strong>300 N. Federal Hwy</strong></td>
<td><strong>300 N. Federal Hwy</strong></td>
</tr>
<tr>
<td><strong>Commercial Broker</strong></td>
<td><strong>President</strong></td>
<td><strong>President</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRINCIPAL BUSINESS ACTIVITY</th>
<th>POSITION HELD WITH ENTITY</th>
<th>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</th>
<th>NATURE OF MY OWNERSHIP INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>YES</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### 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.

**Signature of Filer:**

Signature: [Signature]

Date Signed: 5-21-2019

**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, [Name], 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: [Signature]

Date Signed: 5-22-2019

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CE FORM 1 - Effective January 1, 2019.
Incorporated by reference in Rule 546.202(1), F.A.C.

Page 2
FORM 1
STATEMENT OF FINANCIAL INTERESTS
2017

FOR OFFICE USE ONLY:

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
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<tbody>
<tr>
<td>NEAL REALTY &amp; INVEST</td>
<td>3300 N. Federal Hwy # 250 Fort Lauderdale, Fl 33306</td>
<td>COMM REAL ESTATE BROKER - SALES - LEASING</td>
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(Continued on reverse side)

PAGE 1
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

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

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

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 CEF1form1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 1s will not be accepted via email.

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, John Doe, 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: ______________________

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.

CE FORM 1 — Effective January 1, 2016.
Incorporated by reference in Rule 348-3.202(1), F.A.C.
**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2016**

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

**LAST NAME** - **FIRST NAME** - **MIDDLE NAME**: NEAL TIMOTHY PAUL

**MAILING ADDRESS**: 21 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 of 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 REQUIRE 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")

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEAL REALTY &amp; INVEST</td>
<td>3200 N FED Hwy H 250</td>
<td>COMM REAL ESTATE BROKER</td>
</tr>
</tbody>
</table>

**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")

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEAL PROPERTY LTD</td>
<td>PROPERTY MANAGEMENT</td>
<td>3200 N FED Hwy</td>
<td>COMM PROP MANAGEMENT</td>
</tr>
</tbody>
</table>

**PART C – REAL PROPERTY** [Land, buildings owned by the reporting person - See Instructions]
(If you have nothing to report, write "none" or "n/a")

<table>
<thead>
<tr>
<th>PROPERTY ADDRESS</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 CAUGA ROAD</td>
<td>3200 N FED Hwy</td>
</tr>
<tr>
<td>26TH STREET</td>
<td>LAUDERD. BE A, FL</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Part E — Liabilities

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part F — Interests in Specified Businesses

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY #1</th>
<th>BUSINESS ENTITY #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF BUSINESS ENTITY</th>
<th>PRINCIPAL BUSINESS ACTIVITY</th>
<th>POSITION HELD WITH ENTITY</th>
<th>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</th>
<th>NATURE OF MY OWNERSHIP INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 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.

### Signature of Filer

Signature: [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: [Signature]

Date Signed: [Date]

### 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.

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**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.

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