| | STATEM | ENT OF | 2022 |
|---|--|--|--|
| | FINANCIAL | INTERESTS | FOR OFFICE USE ONLY: |
| T7 PI ****AUTO**ALL F Denise Bryan 8884 Commissioner - Sea Ra 32 Minnetonka Rd Sea Ranch Lks, FL 333 | anch Lakes Village | | |
| | | APPOINTEE | and the second second |
| MANNER OF CALCULATIN FILERS HAVE THE OPTION O EWER CALCULATIONS, OR see instructions for further det | USING COMPARATIVE THRESHO ails). CHECK THE ONE YOU ARE U | DR CALENDAR YEAR END DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALI JSING (must check one) : | DING DECEMBER 31, 2022. DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES |
| ART A PRIMARY SOURCES C | E (PERCENTAGE) THRESHOLDS OF INCOME [Major sources of income to to preport, write "none" or "n/a") | | AR VALUE THRESHOLDS |
| (| · · · · · · · · · · · · · · · · · · · | | |
| | | RCE'S | DESCRIPTION OF THE SOURCE'S |
| | | RCE'S RESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
| | | RESS | |
| | | RESS | |
| ART B - SECONDARY SOURCE [Major customers, clier |) 221 Contractor LAD by HG TL 33 | RESS ALBIND SA 308 | PRINCIPAL BUSINESS ACTIVITY |
| ART B SECONDARY SOURCE [Major customers, clier (If you have nothing NAME OF | ADD 221 Comment ADD 221 Comment ADD ADD 33 ES OF INCOME ts, and other sources of income to business to report, write "none" or "n/a") NAME OF MAJOR SOURCES | RESS ALBIND SA 308 | PRINCIPAL BUSINESS ACTIVITY |
| PART B SECONDARY SOURCE [Major customers, clien (If you have nothing | ADD 221 Commence ADD 221 Commence ADD ADD 333 ES OF INCOME Its, and other sources of income to business to report, write "none" or "n/a") | ADDRESS ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY son - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| PART B SECONDARY SOURCE [Major customers, clier (If you have nothing NAME OF | ADD 221 Comment ADD 221 Comment ADD ADD 33 ES OF INCOME ts, and other sources of income to business to report, write "none" or "n/a") NAME OF MAJOR SOURCES | ADDRESS | PRINCIPAL BUSINESS ACTIVITY son - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| PART B - SECONDARY SOURCE [Major customers, clier (If you have nothing) NAME OF BUSINESS ENTITY | ADD 221 Commence Commence to report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME Business' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY son - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
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| PART B SECONDARY SOURCE [Major customers, clier (If you have nothing) NAME OF BUSINESS ENTITY CEREMINES DUSINESS ENTITY CEREMINES DUSINESS ENTITY | ADD 221 Commence Commence to report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME Parallel Commence ADD ADD ADD ADD ADD ADD ADD AD | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY son - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE BALEANE PRINCIPAL BUSINESS ACTIVITY OF SOURCE BALEANE PRINCIPAL BUSINESS ACTIVITY OF SOURCE BALEANE PRINCIPAL BUSINESS ACTIVITY OF SOURCE BALEANE PRINCIPAL BUSINESS ACTIVITY OF SOURCE |

| PART D - INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific | ates 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 |
| Tel 1 toE | itis |
| timestment cast have | iend saurs |
| 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 posi (If you have nothing to report, write "none" or "n/a") BUSIN | tions in certain types of businesses - See instructions] NESS ENTITY # 1 BUSINESS ENTITY # 2 |
| 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 | |
| I CERTIFY THAT I HAVE COMP IF ANY OF PARTS A THROUGH G ARE CONTINUED O | PLETED THE REQUIRED TRAINING. |
| SIGNATURE OF FILER: | CPA or ATTORNEY 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,, 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. |
| Date Signed | CPA/Attorney Signature: |
| FILING INSTRUCTIONS: | |

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, 2022.

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

your form to the Commission on Ethics, it will be returned.

| FORM 1 | | STATEN | IENT OF | | 2021 |
|---|--|--|--|--|---|
| · · · · · · · · · · · · · · · · · · · | | FINANCIAL | INTERESTS | Г | FOR OFFICE USE ONLY: |
| 1-0.0 | | | | .,1 | Tinos I. |
| T7 P1 ****AUTO**A Denise B Bryan Council Member So 32 Minnetonka Rd Sea Ranch Lks, FL | 88 ea Ranc . 33308- | 84 h Lakes Village | | | an in |
| lain da | | Si) . FT | | | |
| CHECK ONLY IF CANDID | ATE O | | APPOINTEE | | |
| | | | | | R VALUES, WHICH REQUIRES D ON PERCENTAGE VALUES |
| FEWER CALCULATIONS, OF (see instructions for further de COMPARATI PART A PRIMARY SOURCES | R USING etails). C VE (PER OF INCO | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS | USING (must check one) | lly base : Lar val | |
| FEWER CALCULATIONS, OF (see instructions for further de COMPARATI PART A PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME | R USING etails). C VE (PER OF INCO to report, | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOU ADD | USING (must check one) OR OOL the reporting person - See ins URCE'S DRESS | LLY BASE : LAR VAL tructions] | D ON PERCENTAGE VALUES |
| FEWER CALCULATIONS, OF (see instructions for further de COMPARATI PART A PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME | R USING etails). C VE (PER OF INCO to report, | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOU | USING (must check one) OR OD the reporting person - See ins URCE'S DRESS ND # 103 | LLY BASE : LAR VAL tructions] DE P | D ON PERCENTAGE VALUES JE THRESHOLDS |
| PART B - SECONDARY SOURCE [Major customers, clie | CES OF IN to report, to report, | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOU ADD 221 COMML BI LAUDERDAUE FL 333368 | ALDS, WHICH ARE USUA USING (must check one) OR DOL the reporting person - See ins URCE'S DRESS ND # 203 BY THE GEA | LLY BASE : LAR VALU tructions] DE P DECO | D ON PERCENTAGE VALUES JE THRESHOLDS SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY RATING SEANINGS |
| PART B - SECONDARY SOURCE (If you have nothing PART B - SECONDARY SOURCE (If you have nothing PART B - SECONDARY SOURCE (If you have nothing NAME OF BUSINESS ENTITY | CES OF INCO | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOL ADD 221 COMML BL LAMPERDAVE FL 333368 COME ther sources of income to busine t, write "none" or "n/a") AME OF MAJOR SOURCES | ADDRESS | LLY BASE LAR VALU tructions] DE P DECO erson - See | D ON PERCENTAGE VALUES JE THRESHOLDS ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY RATING SERVICES |
| PART B - SECONDARY SOURCE (If you have nothing PART B - SECONDARY SOURCE (If you have nothing PART B - SECONDARY SOURCE (If you have nothing NAME OF BUSINESS ENTITY | CES OF INCO to report, CES OF INCO to report, CES OF INCO to report, N | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOU ADD 221 COMML BL LAMPERDAVE FL 33308 NCOME ther sources of income to busine t, write "none" or "n/a") AME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS | LLY BASE LAR VALU tructions] DE P DECO erson - See | D ON PERCENTAGE VALUES JE THRESHOLDS SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY RATING SEALVILLES INSTRUCTIONS] PRINCIPAL BUSINESS ACTIVITY OF SOURCE COMMERCIAL REAL EXTATE |
| PART B - SECONDARY SOURCE (If you have nothing PART B - SECONDARY SOURCE (If you have nothing PART B - SECONDARY SOURCE (If you have nothing NAME OF BUSINESS ENTITY BEC REAL ESTATE | CES OF INCO to report, to report, to report, n to report N and, buildin | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOU ADD 221 COMML BL LAMPERDAVE FL 33368 NCOME other sources of income to busine t, write "none" or "n/a") AME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS ADD | LLY BASE LAR VALU tructions] DE P DECO erson - See LV(D You all lines of | D ON PERCENTAGE VALUES JE THRESHOLDS SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY RATING SCALVINGS PRINCIPAL BUSINESS ACTIVITY OF SOURCE COMMERCIAL REAL EXTATE BENTAL |
| FEWER CALCULATIONS, OF (see instructions for further de COMPARATI PART A PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME DENIGE B. BRY/ PART B SECONDARY SOURCE [Major customers, clie (If you have nothing NAME OF BUSINESS ENTITY BEC REAL ESTATE HOUDINGS, LUC | CES OF INCO to report, to report, to report, n to report N and, buildin | COMPARATIVE THRESHO HECK THE ONE YOU ARE CENTAGE) THRESHOLDS ME [Major sources of income to write "none" or "n/a") SOU ADD 221 COMML BL LAMPERDAVE FL 33368 NCOME other sources of income to busine t, write "none" or "n/a") AME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS ADD | LLY BASE LAR VALU tructions] DE P DECO erson - See LX(D You at lines c sheets FILING and w | D ON PERCENTAGE VALUES JE THRESHOLDS SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY BATNG SERVICES PRINCIPAL BUSINESS ACTIVITY OF SOURCE COMMERCIAL REAL ESTATE BENTAL TEAL ESTATE BENTAL TEAL ESTATE BENTAL |

| PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "not | | ates of deposit, etc See in: | structions] |
|---|--|---|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO V | WHICH THE PROPERTY RELATES |
| IRA ACCOUNT | CHARLES | SCHWAB | |
| INVESTMENT AUX GASH | RAVMOND | SAMES/TRUIS | + BANV |
| PART E — LIABILITIES [Major debts - See instruction | | Stan Bry Library | |
| (If you have nothing to report, write "not | | | |
| NAME OF CREDITOR | | ADDRE | SS OF CREDITOR |
| NONE | | | |
| | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "non | ne" or "n/a") | itions in certain types of bus | sinesses - See instructions] BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | | NONE | NONE |
| 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 | | | |
| I CERTIFY THAT | | | UIRED TRAINING. |
| SIGNATURE OF FILE | ER: | CPA or ATT | ORNEY SIGNATURE ONLY |
| Signature: Date Signed: Date Signed: | | If a certified public acc in good standing with she must complete the I, Form 1 in accordance | countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or e following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the |
| OUISILL | | CPA/Åttorney Signatur | re: |
| | | Date Signed: | |
| FILING INSTRUCTIONS: | | | |
| If you were mailed the form by the Commission on I Supervisor of Elections for your annual disclosure fili to that location. To determine what category your p see page 3 of instructions. Local officers/employees file with the Supervisor county in which they permanently reside. (If you do reside in Florida, file with the Supervisor of the of agency has its headquarters.) Form 1 filers who file w of Elections may file by mail or email address to permission or email address or email address to the commission on Ethics. | ing, return the form position falls under, of Elections of the lo not permanently county where your with the Supervisor your Supervisor of o use. <u>Do not email</u> | MULTIPLE FILING UNN with a qualifying officer is Supervisor of Elections. WHEN TO FILE: Initial and specified state empi- his or her appointment o who must be confirmed even if that is less than 3 | n together with their filing papers. NECESSARY: A candidate who files a Form 1 is not required to file with the Commission or <i>Ily</i> , each local officer/employee, state officer, loyee must file within 30 days of the date of or of the beginning of employment. Appointees by the Senate must file prior to confirmation, 30 days from the date of their appointment. |
| your form to the Commission on Ethics, it will be retu State officers or specified state employees | | | the same time they file their qualifying papers.1 following each calendar year in which they |

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.

| FORM 1 | STATE | MENT OF | 2020 |
|---|--|--|--|
| | FINANCIAL | INTERESTS | FOR OFFICE USE ONLY: |
| | | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | |
| Denise Bryan-8 Hillsboro Inlet D 32 Minnetonka F Sea Ranch Lks, | listrict Rd | | |
| | | OR APPOINTEE | |
| FILERS HAVE THE OPTION | OF USING REPORTING THRESHO | LDS THAT ARE ABSOLUTE L | DOLLAR VALUES, WHICH REQUIRES |
| (see instructions for further de COMPARATI PART A – PRIMARY SOURCES | etails). CHECK THE ONE YOU ARE IVE (PERCENTAGE) THRESHOLDS OF INCOME [Major sources of income to to report, write "none" or "n/a") | USING (must check one): <u>OR</u> DOLLA | Y BASED ON PERCENTAGE VALUES R VALUE THRESHOLDS ctions] DESCRIPTION OF THE SOURCE'S |
| (see instructions for further de COMPARATI PART A – PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME | etails). CHECK THE ONE YOU ARE IVE (PERCENTAGE) THRESHOLDS OF INCOME [Major sources of income to to report, write "none" or "n/a") | USING (must check one): OR DOLLA the reporting person - See instruction OURCE'S NDDRESS | R VALUE THRESHOLDS |
| (see instructions for further de COMPARATI PART A – PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME | etails). CHECK THE ONE YOU ARE IVE (PERCENTAGE) THRESHOLDS OF INCOME [Major sources of income to to report, write "none" or "n/a") | USING (must check one): S OR DOLLA the reporting person - See instruction OURCE'S NDDRESS | R VALUE THRESHOLDS |
| (see instructions for further de COMPARATI PART A – PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME ENGE B. BRYAN | etails). CHECK THE ONE YOU ARE IVE (PERCENTAGE) THRESHOLDS OF INCOME [Major sources of income to to report, write "none" or "n/a") S A 221 COMML BI LAUDER DALE EL 33308 | USING (must check one): <u>OR</u> DOLLA the reporting person - See instruct OURCE'S DDRESS DDRESS DDRESS DDRESS | The source's principal business activity |
| (see instructions for further de COMPARATI PART A - PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME ENGE B. BRYAN PART B - SECONDARY SOURCE [Major customers, clice (If you have nothing NAME OF BUSINESS ENTITY | CES OF INCOME ents, and other sources of income to busin g to report, write "none" or "n/a") | USING (must check one): <u>OR</u> DOLLA the reporting person - See instruction OURCE'S DDRESS DDRESS DDRESS DDRESS DDRESS ADDRESS | The source's principal BUSINESS ACTIVITY |
| (see instructions for further de COMPARATI PART A - PRIMARY SOURCES (If you have nothing NAME OF SOURCE OF INCOME ENLIEE B. B. B. C. | CES OF INCOME ents, and other sources of income to busin g to report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME | USING (must check one): OR DOLLA DO | AR VALUE THRESHOLDS Ctions] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY DECORATING SERVICE on - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |

| PART D INTANGIBLE PERSONAL PROPERTY [Stoo | the hands certificates of denosit atc See instructional | |
|---|---|---|
| (If you have nothing to report, write "none" | " or "n/a") | |
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PR | ROPERTY RELATES |
| IRA ALLOUNT | CHARLES SUTINAB | |
| INVERTIMENT ACT/CASIF | RANMOND JAMES / TRUIST | BANK |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" | " or "n/a") | |
| NAME OF CREDITOR | ADDRESS OF CREDIT | TOR |
| NONE | | |
| | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ov (If you have nothing to report, write "none" | wnership or positions in certain types of businesses - See i or "n/a") BUSINESS ENTITY #1 | instructions] BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | | |
| ADDRESS OF BUSINESS ENTITY | | |
| PRINCIPAL BUSINESS ACTIVITY (| NONE | |
| POSITION HELD WITH ENTITY | | - A |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | |
| NATURE OF MY OWNERSHIP INTEREST | | |
| agency created under Part III, Chapter 163 required to co | ppointed school superintendents, and commissioners of a mplete annual ethics training pursuant to section 112.3142, F HAVE COMPLETED THE REQUIRED TF | F.S. |
| IF ANY OF PARTS A THROUGH G ARE | CONTINUED ON A SEPARATE SHEET, PLEAS | |
| Signature: Date Signed: | R: CPA or ATTORNEY S If a certified public accountant license in good standing with the Florida Bar she must complete the following state 1, Form 1 in accordance with Section 1 instructions to the form. Upon my readisclosure herein is true and correct. CPA/Attomey Signature: Date Signed: | ed under Chapter 473, or attomey r prepared this form for you, he or ement: , prepared the CE 12.3145, Florida Statutes, and the isonable knowledge and belief, the |
| FILING INSTRUCTIONS: | | |
| If you were mailed the form by the Commission on Eth Supervisor of Elections for your annual disclosure fi form to that location. To determine what category you under, see page 3 of instructions. Local officers/employees file with the Superviso of the county in which they permanently reside. permanently reside in Florida, file with the Superviso where your agency has its headquarters.) Form 1 file the Supervisor of Elections may file by mail or ema Supervisor of Elections for the mailing address or er use. Do not email your form to the Commission on E returned. State officers or specified state employees wh Commission on Ethics may file by mail or email. cond the completed form to R O Drawer 15709. | iling, return the MULTIPLE FILING UNNECESSARY: bur position falls or of Elections (If you do not sor of the county is who file with iii. Contact your mail address to Ethics, it will be to file with the To file by mail, and specified state employee must date of his or her appointment or of Appointees who must be confirmed be confirmation, even if that is less than appointment. Candidates must file at the same papers. Thereafter, file by July 1 following each Tallahassee, FL hold their positions. , Bldg E, Ste 200, , Finally, file a final disclosure form do not use any | A candidate who files a Form red to file with the Commission officer/employee, state officer, file within 30 days of the the beginning of employment. by the Senate must file prior to 30 days from the date of their time they file their qualifying the calendar year in which they in (Form 1F) within 60 days of CE Form 1F (Final Statement the filer of filing a CE Form 1 |

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| FORM 1 | STATEM | ENT OF | | 2019 |
|--|---|--|-------------|--|
| | FINANCIAL I | INTERESTS | | FOR OFFICE USE ONLY: |
| | | | | |
| | | | | |
| Denise Bryan 8884 Hillsboro Inlet District Commissio 32 Minnetonka Rd Sea Ranch Lks, FL 33308 | oner | | | |
| | | PPOINTEE | | |
| *** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU | * THIS SECTION MUS | | | CEMBER 31, 2019 |
| MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF USIN FEWER CALCULATIONS, OR USING (see instructions for further details). C COMPARATIVE (PER PART A PRIMARY SOURCES OF INC (If you have nothing to report | NG REPORTING THRESHOLD COMPARATIVE THRESHOLD HECK THE ONE YOU ARE US CENTAGE) THRESHOLDS | DS, WHICH ARE USUALL ING (must check one): OR DOLL | Y BASEI | |
| NAME OF SOURCE OF INCOME | SOU | RCE'S RESS | | SCRIPTION OF THE SOURCE'S |
| Denise & Bryan | | | | rating Services |
| | 221 Commercial Lana. by thes | u h | | J |
| PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo | other sources of income to business | es owned by the reporting per | son - See i | nstructions} |
| NAME OF N BUSINESS ENTITY | IAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | | | |
| | | | | |
| PART C REAL PROPERTY [Land, build (If you have nothing to report | | - See instructions] | lines of | e not limited to the space on the n this form. Attach additional , if necessary. |
| | | | and wh | INSTRUCTIONS for when here to file this form are d at the bottom of page 2. |
| | | | | JCTIONS on who must file m and how to fill it out begin |

| (If you have nothing to report, write "none | |
|--|---|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| IRA Account | Charles Schuch / Fidelity |
| Investment Acct. | Charles Schweb/ Fidelity Raymond James |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none NAME OF CREDITOR |] e" or "n/a") |
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none | BUSINESS ENTITY#1 BUSINESS ENTITY#2 |
| NAME OF BUSINESS ENTITY | BACREELESTATe UC |
| ADDRESS OF BUSINESS ENTITY | 221 Commune Stud Lois Fr 27306 |
| PRINCIPAL BUSINESS ACTIVITY | Byter Rul Estate |
| POSITION HELD WITH ENTITY | Limited Partner/Member |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | |
| NATURE OF MY OWNERSHIP INTEREST | United Partner / mumber |
| and the second sec | HAVE COMPLETED THE REQUIRED TRAINING. |
| IF ANY OF PARTS A THROUGH G ARE | E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 🞑 |
| SIGNATURE OF FILE | R: CPA or ATTORNEY 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,, 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 |
| Date Signed: 6 9 20 | 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 <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 | STATEME | INT OF | | 2018 |
|---|---|------------------------------|---------------|---|
| | FINANCIAL IN | TERESTS | | FOR OFFICE USE ONLY: |
| Denise Bryan-8884 Hillsboro Inlet District - Comn 32 Minnetonka Rd Sea Ranch Lks, FL 33308 | nissioner | | | |
| You are not limited to the space on the lin CHECK ONLY IF 🔲 CANDIDATE | es on this form. Attach additional sheets, if OR INEW EMPLOYEE OR APP | | | |
| D ISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE | PARTS OF THIS SECTIO R FINANCIAL INTERESTS FOR THE ASE STATE BELOW WHETHER THIS | PRECEDING TAX YEAR | , WHETHE | R BASED ON A CALENDAR |
| EITHER (must check one): DECEMBER 31, 20 | | AX YEAR IF OTHER THA | | |
| CALCULATIONS, OR USING COMP or further details). CHECK THE ONE | NG REPORTING THRESHOLDS THA ARATIVE THRESHOLDS, WHICH AR YOU ARE USING (must check one) | E USUALLY BASED ON F | PERCENT | ES, WHICH REQUIRES FEWE AGE VALUES (see instructions |
| PART A - PRIMARY SOURCES OF II (If you have nothing to rep | NCOME [Major sources of income to the ort, write "none" or "n/a") | reporting person - See instr | uctions] | |
| NAME OF SOURCE OF INCOME | SOURC | | | CRIPTION OF THE SOURCE'S |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | De Connerar B Card by the Set | wd | NZON | Anver Senvices |
| PART B SECONDARY SOURCES [Major customers, clients, a | nd other sources of income to businesses | owned by the reporting pers | son - See ins | structions] |
| NAME OF BUSINESS ENTITY | port, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | -+ | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | | | |
| | uildings owned by the reporting person - S | taa instructional | | |

| the second se | |
|---|---|
| | tocks, bonds, certificates of deposit, etc See instructions] |
| (If you have nothing to report, write "non NTYPE OF INTANGIBLE | e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| TOA PROALE | Charles & Lundh / Einsith |
| Threfingent Arent | Rammy I Tayles |
| PART E — LIABILITIES [Major debts - See instructions | |
| (If you have nothing to report, write "non | ie" or "n/a") |
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| | |
| | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "non- | Ownership or positions in certain types of businesses - See instructions] e" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | BEC ILGARSIANE LA |
| ADDRESS OF BUSINESS ENTITY | 221 Companye BVCI LBTS, & 3303 |
| PRINCIPAL BUSINESS ACTIVITY | Room Rom BhanE |
| POSITION HELD WITH ENTITY | 111125 Buber Menter |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | i chun fis |
| NATURE OF MY OWNERSHIP INTEREST | Limited Konthe Monte |
| PART G — TRAINING For elected municipal officers required to complete an I CERTIFY THAT I | HAVE COMPLETED THE REQUIRED TRAINING. |
| IF ANY OF PARITS A THROUGH G AR | E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 🗖 |
| SIGNATURE OF FILE | ER: CPA or ATTORNEY 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,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the |
| Date Signed: | instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: |
| (A) | Date Signed: |
| FILING INSTRUCTIONS: | |
| | States are County - Condidates file this form together with their filing papers |
| If you were mailed the form by the Commission on E Supervisor of Elections for your annual disclosure form to that location. To determine what category y under, see page 3 of instructions. Local officers/employees file with the Supervise | e filing, return the your position falls a WULTIPLE 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. |
| af the country in which the with the Supervis | WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, |

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. <u>Do not email your form to the Commission on Ethics, it will be</u> 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. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

| FORM 1 | STATEN | 1ENT OF | | 2017 |
|---|---|--|--------------------------------|---|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAL | INTERESTS | 5 | FOR OFFICE USE ONLY: |
| LAST NAME - FIRST NAME - MID BRYAN DI MAILING ADDRESS 32 MINNE | ETONKA ROAT | | | |
| VILLAGE | LAKES VILLAG ELD OR SOUGHT : COUNCIL lines on this form. Attach additional she | ets, if necessary. | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YC YEAR OR ON A FISCAL YEAR. P EITHER (must check one): DECEMBER 31, 1 MANNER OF CALCULATING RI FILERS HAVE THE OPTION OF US | PORTABLE INTERESTS: SING REPORTING THRESHOLDS | THE PRECEDING TAX YEA THIS STATEMENT IS FOR FY TAX YEAR IF OTHER TH | R, WHET THE PRE AN THE (| HER BASED ON A CALENDAR CEDING TAX YEAR ENDING CALENDAR YEAR: |
| for further details). CHECK THE O | PARATIVE THRESHOLDS, WHICH NE YOU ARE USING (must check PERCENTAGE) THRESHOLDS | one): | | NTAGE VALUES (see instructions |
| | NCOME [Major sources of income to port, write "none" or "n/a") | the reporting person - See inst | ructions] | |
| NAME OF SOURCE OF INCOME | | JRCE'S DRESS | | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY |
| DENISE B. BRYNN | 421 GOMMER | and a stand of the | DEC | PRATING SERVICES |
| | | / | | |
| | OF INCOME and other sources of income to busine aport, write "none" or "n/a") | sses owned by the reporting pe | erson - See | instructions] |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | | | |
| (If you have nothing to re | buildings owned by the reporting perso port, write "none" or "n/a") RD PINEHUR | | and w locate | G INSTRUCTIONS for when here to file this form are d at the bottom of page 2. |
| | | <u> </u> | this fo | UCTIONS on who must file orm and how to fill it out on page 3. |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stoc (If you have nothing to report, write "none" | | es of deposit, etc See instructions] |
|---|--|--|
| | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| IRA Account | CAPIT | s Schwab |
| Inviestment Account | RAYM | no James |
| PART E - LIABILITIES [Major debts - See instructions] | 10 | |
| (If you have nothing to report, write "none" | " or "n/a") | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR |
| | | |
| | | |
| PART F INTERESTS IN SPECIFIED BUSINESSES [Ow | | ns in certain types of businesses - See instructions] |
| (If you have nothing to report, write "none" | | SS ENTITY#1 BUSINESS ENTITY#2 |
| NAME OF BUSINESS ENTITY | BEC K | LAL ISTATE ULC |
| ADDRESS OF BUSINESS ENTITY | 221000 | MERCIAN BUD 4BTS FL 33308 |
| PRINCIPAL BUSINESS ACTIVITY | Kental V | GAL BINTE |
| POSITION HELD WITH ENTITY | UMITED | Aether / Monber |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | YES | 2 1 0 0 10 |
| NATURE OF MY OWNERSHIP INTEREST | UMitep | PAnother Me |
| PART G — TRAINING | at this training ou | |
| For elected municipal officers required to complete annu | | ETED THE REQUIRED TRAINING. |
| | AVECONIFI | EIED THE REQUIRED TRAINING. |
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| IF ANY OF PARTS A THROUGH G ARE | E CONTINUED | ON A SEPARATE SHEET, PLEASE CHECK HERE • |
| IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE | | ON A SEPARATE SHEET, PLEASE CHECK HERE • CPA or ATTORNEY SIGNATURE ONLY |
| SIGNATURE OF FILE | | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney |
| | | CPA or ATTORNEY SIGNATURE ONLY |
| SIGNATURE OF FILE | | 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 |
| SIGNATURE OF FILE | | 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, |
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| Signature: Date Signed: EILING INSTRUCTIONS: | <u>R:</u> | 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 |
| Signature: Date Signed: Date Signe: Date Signed: Date Sig | R: hics or a County filing, return the | 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: Candidates file this form together with their filing papers. MULTIPLE FILING UNNECESSARY: A candidate who files a Form |
| Signature: Date Signed: Date Signe: Date Signed: Date Sig | R: hics or a County filing, return the our position falls | 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: Candidates file this form together with their filing papers. MULTIPLE FILING UNNECESSARY: A candidate who files a Form |
| Signature: Date Signed: Date Signed: Supervisor of Elections for your annual disclosure of form to that location. To determine what category your under, see page 3 of instructions. Local officers/employees file with the Supervisor | R: hics or a County filing, return the our position falls or of Elections | 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: Date Signed: 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, |
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be accepted via email.

Incorporated by reference in Rule 34-8.202(1), F.A.C.

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

CE FORM 1 - Effective: January 1, 2018