FORM 1	STATEN	MENT OF	2022
	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
T7 PI ****AUTO**ALL F John Tomlinson 2352 Councilmember - Sea F 41 Cayuga Rd Sea Ranch Lks, FL 333	290 Ranch Lakes Village		
CHECK ONLY IF CANDIDAT	TE OR NEW EMPLOYEE OF	R APPOINTEE	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR (see instructions for further details)		FOR CALENDAR YEAR ENDING: LDS THAT ARE ABSOLUTE DO DLDS, WHICH ARE USUALLY USING (must check one):	
	OF INCOME [Major sources of income to o report, write "none" or "n/a")	the reporting person - See instruct	tions]
NAME OF SOURCE OF INCOME	sou	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
John L. Tomlinson	CPAR 41 CayugaRd	Seakanch Lakes TL	Accounting of Taxes
Social Securi	Menni7/24	inch	Investments
JOGIA JECUYI	74		
	ES OF INCOME nta, and other sources of income to busine to report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Fiberbuilt Umbrellus	Manufacturing	2201WA+1 Blvd6	7 8
PART C - REAL PROPERTY (Lan (If you have nothing to 230) Bainby	nd, buildings owned by the reporting person report, write "none" or "n/a")		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	R	SUSINESS ENTITY TO W	HICH THE PROPERTY RELATES	
Investments	Merri	11 Lync	n Accounts	
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-		- Caldina		
NAME OF CREDITOR	ADDRESS OF CREDITOR			
		ADDITEO	o or orazoron	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	e" or "n/a")		•	
NAME OF BUSINESS ENTITY	John L. Tom	SENTITY#1	BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY		a Rd		
PRINCIPAL BUSINESS ACTIVITY		ig & Taxes		
POSITION HELD WITH ENTITY	Owner 1	4		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100			
NATURE OF MY OWNERSHIP INTEREST	Stoc	K		
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	The same of the same of the same of		the same of the sa	
SIGNATURE OF FILER: Signature: Date Signed: 6 6 2023		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,		
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on E Supervisor of Elections for your annual disclosure filing	thics or a County Co	andidates file this form	together with their filing papers.	

If you were malled 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.

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, 2022.

FORM 1	STATEM	ENT OF	2021
	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
-			
T7 P1 ****AUTO**ALL FOR	R AADC 331 1232		
Councilmember Sea Rar	235290 nch Lakes Village		
41 Cayuga Rd Sea Ranch Lks, FL 3330			
իրժինիրիեր-իննիիկեն	.[[[]].]][].][]		
CHECK-ONLY IF GANDIDATE	OR NEW-EMPLOYEE OR	APPOINTEE	
** DISCLOSURE PERIOD:	** THIS SECTION MUS	I BE COMPLETE	D ****
THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DECEMBER 31, 2021.
MANNER OF CALCULATING R			- BOLLAD VALUEO MENOLI DEOLUDEO
FEWER CALCULATIONS, OR USIN	IG COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	E DOLLAR VALUES, WHICH REQUIRES LLY BASED ON PERCENTAGE VALUES
(see instructions for further details). COMPARATIVE (PE	CHECK THE ONE YOU ARE I		: LAR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC	OME [Major sources of income to		tructions]
(If you have nothing to repo	i i	IRCE'S	DESCRIPTION OF THE SOURCE'S
INCOME	ADD	DRESS	PRINCIPAL BUSINESS ACTIVITY
John L. Tomlinson (P) Start Aviation W	$A \wedge A = A \wedge $	+ Ave Pompa	1 1 1 1
Social Security	2 /2/ 1/ 1/ 5/5	THE TOMPA	
IRA	Merrill Ly	inch	Investments
	d other sources of income to busines	sses owned by the reporting p	erson - See instructions]
(If you have nothing to rep NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	of source	ACTIVITY OF SOURCE
Fiberbuilt Umbrelle	as Manutacti	inng 2201	TTIPLYO FOMPANO UMBI
PART C REAL PROPERTY [Land, bui	t write "none" or "n/a")		You are not limited to the space on the lines on this form. Attach additional
2301 Bainbridge St	#303, Philade	Iphia PA	sheets, if necessary.
	· · · · · · · · · · · · · · · · · · ·	V	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") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES TYPE OF INTANGIBLE 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 ENITITY #1** John L. Tomlinson CPAPA NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY Accounting PRINCIPAL BUSINESS ACTIVITY Owner President 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, 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:

<u>CPÁ or ATTORNEY SIGNATURE ONLY</u>

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, 2021.

FORM 1	STATE	MENT OF		2020	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAI	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MID	DLE NAME :				
Tomlinson Joh	n Lewis				
41 Cayuga Road					
CITY: Sea Ranch Lakes NAME OF AGENCY:	ZIP: COUNTY: 33308 Broward				
Village of Sea Ranch lakes NAME OF OFFICE OR POSITION	HELD OR SOUGHT:				
Council Member					
CHECK ONLY IF CANDIDAT	E OR NEW EMPLOYEE C	OR APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTION MU	IST BE COMPLETED FOR CALENDAR YEAR END		CEMBER 31, 2020.	
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U (see instructions for further detail	G REPORTABLE INTERESTS USING REPORTING THRESHOUSING COMPARATIVE THRESHOUSING. CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	LDS THAT ARE ABSOLUTE DLDS, WHICH ARE USUALI USING (must check one):	Y BASE		
	INCOME [Major sources of income to	o the reporting person - See instr	uctions]		
NAME OF SOURCE OF INCOME		DURCE'S DDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
John Tomlinson, CPA,PA	41 Cayuga Rd Sea Ra	41 Cayuga Rd Sea Ranch lakes CPA Firm		irm	
John Tomlinson IRA Accou				etirement Account	
Start Aviation LLC	927 NW 31st Ave Por		Aircraft		
	S OF INCOME is, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	esses owned by the reporting per ADDRESS OF SOURCE	rson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Fiber Built Umbrellas	Umbrella sales	2201 W Atlt Blvd Pon	npano	Umbrella Manufacturing	
	, buildings owned by the reporting perseport, write "none" or "n/a") Lakes, FL	son - See instructions]	lines o sheets	e not limited to the space on the n this form. Attach additional , if necessary.	
			INSTR this fo	d at the bottom of page 2. UCTIONS on who must file orm and how to fill it out on page 3.	

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Merril Lynch	Brokerage Account		
PART E — LIABILITIES [Major debts - See ins (If you have nothing to report, write			
NAME OF CREDITOR	ADDRES	S OF CREDITOR	
Bank of America			
	SSES [Ownership or positions in certain types of busi	nesses - See instructions]	
(If you have nothing to report, write NAME OF BUSINESS ENTITY	"none" or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	41 Cayuga Road		
PRINCIPAL BUSINESS ACTIVITY	CPA firm		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUS	INESS 100%		
NATURE OF MY OWNERSHIP INTEREST			
	officers, appointed school superintendents, and commis- ired to complete annual ethics training pursuant to section		
☑ I CERTIFY TH	IAT I HAVE COMPLETED THE REQU	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH	G ARE CONTINUED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE	
SIGNATURE OF	FILER: CPA or ATTO	RNEY SIGNATURE ONLY	
<u> </u>		11 6	
Signature:	in good standing with the	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or ollowing statement:	
Signature:	in good standing with the	e Florida Bar prepared this form for you, he of ollowing statement: prepared the C ith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, th	
Signature:	in good standing with the she must complete the find the form 1 in accordance with the she must complete the form.	e Florida Bar prepared this form for you, he of ollowing statement: , prepared the C ith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct.	

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FORM 1	STATEN	MENT OF	2019
	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
John Tomlinson 235290 Sea Ranch Lakes Village Counc 41 Cayuga Rd Sea Ranch Lks, FL 33308	silmember	et Bar	
CHECK ONLY IF _ CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	REPORTABLE INTERESTS SING REPORTING THRESHOL NG COMPARATIVE THRESHO	OR CALENDAR YEAR END : LDS THAT ARE ABSOLUTE OLDS, WHICH ARE USUALL' JSING (must check one):	**** NG DECEMBER 31, 2019. DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES R VALUE THRESHOLDS
PART A PRIMARY SOURCES OF IN		the reporting person - See instr	uctions]
NAME OF SOURCE OF INCOME	l so	DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
John L. Tomlinson, CPAP	A 41 Cayuga Rd Seg	RanchLakes	Accounting & Taxes
Start Aviation, LLC	6855 Lyons Tech	in Coconut Creek	Aircraft Parts
Social Security Ho	aministration	, ,	- 1 +
T KH UISTYI BUTEN PART B SECONDARY SOURCES O	5 Menill	Lynch	Investments
	d other sources of income to busine	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Fiberbuilt Umbrollas	Manufacturing	2782NW 29+N bun	andlake Umbrellas
Various Aircraft	Operators	6855 Lyons Tech C	EL Parts
	/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
PART C REAL PROPERTY [Land, bu		on - See instructions]	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 [Stoc (If you have nothing to report, write "none"	cks, bonds, certificates of deposit, etc See instructions] " or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Merrill Lynch Hocounts	Personal			
,				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	' or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Pankof America				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none"	wnership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY#1 BUSINESS ENTITY#2 Tohn L, Tominson CMA			
	41 Cayuaa Rol			
PRINCIPAL BUSINESS ACTIVITY	Accountingflaxes			
POSITION HELD WITH ENTITY	Owner & President			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100			
NATURE OF MY OWNERSHIP INTEREST	Stock			
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	R: CPA or ATTORNEY SIGNATURE ONLY			
Signature: Signature: Signature: Date Signed: Signed: Signature: Signa	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,			
5/26/2020				
FILING INSTRUCTIONS:	Date Signed:			
THE THE LINE LAND CALLED TO SEE				

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