FORM 1		IENT OF	1200	2022
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDI				
Hoda (on 164	plas Fredric			
15 Gatehouse	Rd			
Sea Ranch Lat	kes 33308 Bro	word		
Sea Ranch Lak	ZIP: COUNTY:			
NAME OF AGENCY:	es counil			
Councilman	IFI D OD COUR	100		
NAME OF OFFICE OR POSITION H	HELD OR SOUGHT :			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE		
DISCLOSURE REDION.	**** THIS SECTION MUS	ST BE COMPLETED	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS \	YOUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	ING DE	CEMBER 31, 2022.
	G REPORTABLE INTERESTS:			
ILERS HAVE THE OPTION OF	USING REPORTING THRESHOL	DS THAT ARE ABSOLUTE		
	ISING COMPARATIVE THRESHO		Y BASE	D ON PERCENTAGE VALUES
	(PERCENTAGE) THRESHOLDS		R VALU	IE THRESHOLDS
	INCOME [Major sources of income to	the reporting person - See instr	uctions]	
(If you have nothing to r	report, write "none" or "n/a")			
NAME OF SOURCE OF INCOME	ADI	URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Investments	15 Gatchous	se Rd	ste	ets + Bonds
			-	
			-	
PART B SECONDARY SOURCES	OF INCOME		-	
	s OF INCOME , and other sources of income to busine report, write "none" or "n/a")	sses owned by the reporting per	son - See	instructions]
NAME OF	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BUSINESS ENTITY	OF BOSINESS INCOME	OF SOURCE		NOTIVITION COUNCE
NA				
PART C REAL PRODERTY II and	buildings owned by the reporting person	on - See instructions]	You ar	e not limited to the space on the
PART C REAL PROPERTY [Land (If you have nothing to re	, buildings owned by the reporting perso eport, write "none" or "n/a")	on - See instructions]	lines of	on this form. Attach additional , if necessary.
PART C REAL PROPERTY [Land (If you have nothing to re	, buildings owned by the reporting person eport, write "none" or "n/a")	on - See instructions]	lines of sheets	n this form. Attach additional in this form. Attach additional in the form are
PART C REAL PROPERTY [Land (If you have nothing to re	, buildings owned by the reporting person eport, write "none" or "n/a")	on - See instructions]	FILING and w	on this form. Attach additional , If necessary.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES
NA		
PART E — LIABILITIES [Major debts - See instructions]		
(If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS	OF CREDITOR
NA	or the first the second second	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or p (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY	ositions in certain types of busine	esses - See instructions] BUSINESS ENTITY # 2
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, appointed scho		
PART G — TRAINING For elected municipal officers, appointed scholagency created under Part III, Chapter 163 required to complete annual I CERTIFY THAT I HAVE CO	ethics training pursuant to section '	112.3142, F.S. RED TRAINING.
PART G — TRAINING For elected municipal officers, appointed scho agency created under Part III, Chapter 163 required to complete annual	ethics training pursuant to section of MPLETED THE REQUI	112.3142, F.S. RED TRAINING.
PART G — TRAINING For elected municipal officers, appointed scho agency created under Part III, Chapter 163 required to complete annual I CERTIFY THAT I HAVE COI IF ANY OF PARTS A THROUGH G ARE CONTINUE SIGNATURE OF FILER: Signature:	MPLETED THE REQUI D ON A SEPARATE SHEET CPA or ATTOR If a certified public account in good standing with the F she must complete the follow. Form 1 in accordance with	TIL.3142, F.S. RED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorne Florida Bar prepared this form for you, he o lowing statement: prepared the Consection 112.3145, Florida Statutes, and the pon my reasonable knowledge and belief, the
PART G — TRAINING For elected municipal officers, appointed scho agency created under Part III, Chapter 163 required to complete annual I CERTIFY THAT I HAVE COI IF ANY OF PARTS A THROUGH G ARE CONTINUE SIGNATURE OF FILER: Signature:	MPLETED THE REQUIDED ON A SEPARATE SHEET CPA or ATTOR If a certified public account in good standing with the Fisher must complete the follow. I, Form 1 in accordance with instructions to the form. Up	RED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorne Florida Bar prepared this form for you, he of lowing statement: , prepared the Company of the company reasonable knowledge and belief, the company reasonable knowledge and belief.
PART G — TRAINING For elected municipal officers, appointed scho agency created under Part III, Chapter 163 required to complete annual I CERTIFY THAT I HAVE COI IF ANY OF PARTS A THROUGH G ARE CONTINUE SIGNATURE OF FILER: Signature:	MPLETED THE REQUI D ON A SEPARATE SHEET CPA or ATTOR If a certified public account in good standing with the F she must complete the following to the form. Up disclosure herein is true are	RED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorn Florida Bar prepared this form for you, he downing statement: , prepared the component of t

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State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), 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	STATEME	NT OF	202	21
THE REAL PROPERTY AND ADDRESS OF THE	FINANCIAL IN	NTERESTS	FOR OFFIC	E USE ONLY:
	L.		1	NA
		No. of Lot		
T7 P1 ****AUTO**ALL For Douglas Hodgson Village Council Sea Ra 15 Gatehouse Rd Sea Ranch Lks, FL 333	215383 nch Lakes Village 808-2942			non-somes
C & ALLEGA ST SHAPES	A	N.		
CHECK ONLY IF GANDIDATE	OR NEW EMPLOYEE OR APP	OINTEE		
	**** THIS SECTION MUST	DE COMPLETE	2222	A STATE OF THE PARTY OF
DISCLOSURE PERIOD:	OUR FINANCIAL INTERESTS FOR C			021.
FEWER CALCULATIONS, OR US (see instructions for further details) COMPARATIVE (F	ISING REPORTING THRESHOLDS THOSE COMPARATIVE THRESHOLDS OUTPERCENTAGE) THRESHOLDS OUTPERCENTAGE) THRESHOLDS OUTPERCENTAGE OF Income to the report, write "none" or "n/a")	, WHICH ARE USUAL IG (must check one): R DOLL	LY BASED ON PERCEN AR VALUE THRESHOL	NTAGE VALUES
NAME OF SOURCE OF	SOURCE		DESCRIPTION OF 1	
Income Investing	15 Gatchwise Rd		PRINCIPAL BUSIN	
27.2 (3) [1.13]	FL. 33308			7
			11	Date Signe
			22/1/3	
	OF INCOME and other sources of income to businesses aport, write "none" or "n/a")	owned by the reporting pe	son - See instructions]	Alexander .
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIP	PAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY	Y OF SOURCE
	distribute to sent them.		1 2 2 3	A ST CONTRACTOR
	NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	marks and the party the	And its ordered to be	Sole if make
	ALTO DESCRIPTION OF THE PARTY O	and all the of the p		man process
PART C - REAL PROPERTY (I and, be (if you have nothing to repo	uildings owned by the reporting person - Se ort, write "none" or "n/a")	ee instructions)	You are not limited to the lines on this form. Attasheets, if necessary.	
NIA	THE STANCE OF THE PARTY OF THE	Cop A April 6	FILING INSTRUCTION and where to file this located at the bottom	s form are
		and the second s	INSTRUCTIONS on wi this form and how to begin on page 3.	ho must file
CE CARMS Fibrac Incom 1 2000	(Continued on twee	en elifa)		PLCE 1

certificates of deposit, etc See instructions)
BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
ADDRESS OF CREDITOR
and the state of t
or positions in certain types of businesses - See instructions] BUSINESS ENITITY # 1 BUSINESS ENTITY # 2
/A
T PRINT MOIT 282 SINS
STOCK STOCK STOCK
chool superintendents, and commissioners of a community redevelopment had ethics training pursuant to section 112.3142, F.S. COMPLETED THE REQUIRED TRAINING. UED ON A SEPARATE SHEET, PLEASE CHECK HERE
CPA or ATTORNEY, SIGNATURE ONLY If a certified public accountent 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:
HE WAS A SHOP OF THE PARTY OF T

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.

with a qualifying officer is not required to file with the Commission of 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.

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	If you were mailed the form by the Commission on Ethics or a County for were mailed the form by the Commission on Ethics or a County 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
Date Signed:	STORESTONE SALIN
Form 1 in accordance with Section 112.3145, Plonds Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.	Date Signed: 6/7/22
If a certified public accountant licensed under Chapter 473, or altomey in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:	Signature:
CPA or ATTORNEY SIGNATURE ONLY	SIGNATURE OF FILER:
☐ SEPARATE SHEET, PLEASE CHECK HERE	IF ANY OF PARTS A THROUGH G ARE CONTINUED O
uperintendents, and commissioners of a community redevelopment	I OWN MORE THAN A 5% INTEREST IN THE BUSINESS PART G — TRAINING For elected municipal officers, appointed school su seemen weeted under Part III. Charlet 483 provided school su
The providence	POSITION HELD WITH ENTITY
	PRINCIPAL BUSINESS ACTIVITY
	ADDRESS OF BUSINESS ENTITY
tions in certain types of businesses - See instructions]	NAME OF BUSINESS ENTITY
	V/d
- ADDRESS OF CREDITOR	NAME OF CREDITOR
Marketer less 1 se se est	PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")
	∀/N
BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	TYPE OF INTANGIBLE
ates of deposit, etc See instructions]	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")

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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hold their positions.

Well Commenced to the Stocker of the Control of the

FORM 1	STATEM	ENT OF	2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE			-
MAILING ADDRESS:	s Fredric		
15 Gatehouse	Rd.		
Sea Ranch Lake	15 33308 Arou	ard	
city: Sea Ranch Lakes	Village County:		
NAME OF AGENCY:	Village Cognici		
NAME OF OFFICE OR POSITION HEL	.D OR SOUGHT :		
CHECK ONLY IF CANDIDATE	OR NEWEMPLOYEE OR	APPOINTEE	
	*** THIS SECTION MUS	E BE COMPLETED	****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FOR	R CALENDAR YEAR ENDI	NG DECEMBER 31, 2020.
MANNER OF CALCULATING R			
FEWER CALCULATIONS, OR USI	NG COMPARATIVE THRESHOLI	DS, WHICH ARE USUALLY	OOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES
(see instructions for further details).	CHECK THE ONE YOU ARE USERCENTAGE) THRESHOLDS		R VALUE THRESHOLDS
PART A - PRIMARY SOURCES OF INC	COME [Major sources of income to the		
(If you have nothing to repo	-		
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Investments/Trades	NA NA		NA
	/		
PART B - SECONDARY SOURCES Of	F INCOME d other sources of income to business	ses owned by the reporting pers	on - See instructions)
(If you have nothing to rep	ort, write "none" or "n/a")		•
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, bu	ildings owned by the reporting person	- See instructions)	You are not limited to the space on the
(If you have nothing to repo			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
And the second second second			begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certification (If you have nothing to report, write "none" or "n/a")	cates of deposit, etc See instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
11 A			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
NA			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or por (If you have nothing to report, write "none" or "n/a") BUSI	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			
PART G — TRAINING For elected municipal officers, appointed school agency created under Part III, Chapter 163 required to complete annual electronic part of the complete annu			
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 in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
	I,		
Date Signed:	CPA/Attorney Signature: Date Signed:		
EILING INSTRUCTIONS.	Date digited.		
FILING 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.

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Candidates file this form together with their filing papers.

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FORM 1	STATEM	MENT OF	2019	
	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
·				
Douglas Hodgson - 215383 Sea Ranch Lakes Village - Village 1 Gatehouse Rd. Sea Ranch Lks, FL 33308	∋ Council			
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	** THIS SECTION MUS JR FINANCIAL INTERESTS FO			
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 IN-		the reporting person - See instru	uctions]	
NAME OF SOURCE OF INCOME	l soi	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
	1			
PART B - SECONDARY SOURCES Of [Major customers, clients, and (If you have nothing to rep	d other sources of income to busines	sses owned by the reporting pers	on - See instructions] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
PART C - REAL PROPERTY [Land, bui (If you have nothing to repo		n - 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 [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 "i	'n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES (Owners	ship or positions in certain types of businesses - See instructions]			
(If you have nothing to report, write "none" or "r	r/a") BUSINESS ENTITY#1 BUSINESS ENTITY#2			
NAME OF BUSINESS ENTITY	SCONESC ENTITY 2			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	ss			
ATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING	11 in Anti-in			
For elected municipal officers required to complete annual et				
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE COM	NTINUED 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 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:	disclosure herein is true and correct.			
2.3	CPA/Attomey Signature:			
Date Signed:				
FILING INSTRUCTIONS:				

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Supervisor of Elections www.browardsoe.org

DELINQUENCY NOTICE

TO: All Broward County Reporting Officers

FROM: John Way

Director of Candidate & Elections Services

DATE: **July 27th, 2020**

RE: Financial Disclosure (2019 Form1, Statement of Financial Interests)

On May 22, 2020, you were sent a financial disclosure packet and advised of the July 1st legal deadline for filing Form 1, Statement of Financial Interests. As of this time your Form-1 has not been filed with this office.

Persons serving as of December 31, 2019 (along with officials elected in 2019 whose terms began in January of 2020) are required to file this year. Even if you left the office noted on the mailing label during 2020, you are required to file a disclosure for 2019.

This is to notify you that although you are delinquent in filing Form 1, a statutory grace period is in effect until September 1, 2020. If your Form 1 is not received by September 1, 2020, the Commission on Ethics will be notified of the delinquency and a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1500. In addition, the Commission on Ethics may initiate investigations of delinquent filers. This may result in removal from your office or employment. Section 112.3145(9)(c), Florida Statutes.

Please do <u>not</u> file the Form 1 with the Commission on Ethics. If you have misplaced the disclosure form, please contact this office. Email your Form-1 to <u>Form1@browardsoe.org</u>

Supervisor of Elections 115 S. Andrews Avenue, Room 102 Fort Lauderdale, FL 33301

. . . IMPORTANT . . . IMPORTANT . . . IMPORTANT . .

Form 1 Filers

FORMS MUST BE FILED OR POSTMARKED BY SEPTEMBER 1st

Filing late may result in automatic fines of \$25 per day!
Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!

Read the Instructions

The Commission does <u>not</u> review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.

Manner of Calculating Reportable Interest

You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.

The instructions describe each option in detail.

You <u>must</u> choose one and check the box that reflects your choice.

Elected Municipal Officers

Elected municipal officers are required to complete 4 hours of ethics training each calendar year.

Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. For more ethics training information, visit the training page of the Commission's website.

Your Disclosure is a Public Record

Do NOT put social security, bank account or credit card numbers on your Form 1.

If your home address or other information is exempt from

disclosure under Section 119.071, F.S., and you want us to keep it confidential,

you must submit a written request as required by Section 119.071.

Questions?

Visit our website: www.ethics.state.fl.us

Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions dealing with financial disclosure can also be found here.

Contact us!

(850) 488-7864 or email: disclosure@leg.state.fl.us

All Broward County Form-1 Filers:

Instructions for submitting Form-1 through email:

Requirements:

- Each page must be scanned separately
- All documents must be PDF's
- No mail sizes over 8MB should be sent at one time.

How to Submit Form 1 Statement of Financial Disclosure by e-mail:

- Step 1. Scan each page of the documents that you will be submitting You must scan both sides of each submitted document.

 Be certain to sign the form on the line provided and include any additional documentation that you deem necessary.
- Step 2. Open a new email and type Form 1 on the subject line.
- Step 3. Attach all documents to be submitted, including your signed Form 1.
- Step 4. Send your e-mail to: form1@browardsoe.org
- Step 5. Our office will provide an email confirmation upon receipt of your Form 1 email submission.
- Step 6. <u>After June 1st</u>, <u>2020</u> Verify that your information was updated on the Commission On Ethics Website at: <u>ethics.state.fl.us</u>.



FORM 1	STATEMENT OF		2018
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	TS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE			
Hodsson Douglas	Fredric		
15 Gatehouse Rd	/.		
Sea Ranch Lakes	33308 Broward		1
CITY: Village of Sea	ZIP: COUNTY: Ranch Lates		
NAME OF AGENCY :	,		ii ii
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT:		
You are not limited to the space on the line	se on this form. Attach additional sheets, if necessary.		
CHECK ONLY IF A CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	PARTS OF THIS SECTION MUST BE REFINANCIAL INTERESTS FOR THE PRECEDING TAX ASE STATE BELOW WHETHER THIS STATEMENT IS	YEAR, WHETI	HER BASED ON A CALENDAR
DECEMBER 31, 201	18 OR D SPECIFY TAX YEAR IF OTH	ER THAN THE (CALENDAR YEAR:
CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	G REPORTING THRESHOLDS THAT ARE ABSOLUTI RATIVE THRESHOLDS, WHICH ARE USUALLY BAS YOU ARE USING (must check one):	ED ON PERCE	
PART A - PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to the reporting person - S int, write "none" or "n/s")	ee instructions]	
NAME OF SOURCE	source's	, DE	ESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS		RINCIPAL BUSINESS ACTIVITY
Investina	11/4		N/A
PART B - SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to repo	d other sources of income to businesses owned by the repo	ting person - Sec	e instructions)
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME OF SOUR		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			
PART C — REAL PROPERTY [Land, bu (If you have nothing to repo	Idings owned by the reporting person - See instructions] rt, write "none" or "n/a")	and w	G INSTRUCTIONS for when where to file this form are and at the bottom of page 2.
		this f	RUCTIONS on who must file orm and how to fill it out on page 3.

TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES Stocks and Bonds			
Stocks and Bonds			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR ADDRESS OF CREDITOR	ADDRESS OF CREDITOR		
None			
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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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: CPA or ATTORNEY SIGNATURE ONLY			
Signature: If a certified public accountant licensed under Chapter 473, or atto In good standing with the Florida Bar prepared this form for you, he she must complete the following statement:			
i, prepared the Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief	the		
Date Signed:			
CPA/Attorney Signature:			
Date Signed:			
FILING 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 apecified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <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	STATEMENT OF	2017
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE		
MAILING ADDRESS:	s Frearic	
15 Gatehouse Ri	d.	
Sea Ranch Lake	5	
SEG RUNCH LAKES	33308 Broward	
NAME OF AGENCY: City Counsel		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	
CEMMISSION		
40	es on this form. Attach additional sheets, if necessary.	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	PARTS OF THIS SECTION MUST BE COM- FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, ASE STATE BELOW WHETHER THIS STATEMENT IS FOR TH	, WHETHER BASED ON A CALENDAR
□ DECEMBER 31, 201	7 OR SPECIFY TAX YEAR IF OTHER THA	N THE CALENDAR YEAR:
CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	G REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLA RATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON I YOU ARE USING (must check one):	
	OME [Major sources of income to the reporting person - See instru	uctions]
(If you have nothing to repo	rt, write "none" or "n/a")	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Investing	102 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Townstin Trading Specylo
Investina	15 Gatchause Kd. SRL 7	Envesting Trading / Stecala
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	I other sources of income to businesses owned by the reporting pers	son - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, bui	dings owned by the reporting person - See instructions] t, write "none" or "n/a")	FILING INSTRUCTIONS for when
NA.		and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file
14		this form and how to fill it out begin on page 3.
		J F - J - 2.

PART D — INTANGIBLE PERSONAL PROPERTY [Stock	ks, bon	ds, cer	rtificates o	f deposit, e	etc Se	e instructions	B]
(If you have nothing to report, write "none" TYPE OF INTANGIBLE	one" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
		0					
Cysh/Stocks/Bund	my	124	htp83	910	60	Amas	Sachs + Mongan Stan
investment Voticles					-		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"		a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR						
NONE							
7,000							
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" of NAME OF BUSINESS ENTITY)		n certain t		businesses	- See instructions] BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	- 9						
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 CERTIFY THAT I H			٠.				O TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONT	INUE	D ON A	SEPAR	ATE S	HEET, PL	EASE CHECK HERE
SIGNATURE OF FILER: Signature: Date Signed: 7/15/18			- i	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:							

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.

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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.

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