FORM 1	STATE		2018	
	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
Ray Nyhuis-267517 Lazy Lake - Council Member 2150 Lazy Ln Lazy Lake, FL 33305			9	
You are not limited to the space on the lin	es on this form. Attach additional sho	eets, if necessary.		
CHECK ONLY IF 🔲 CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE		
**** BOTH	PARTS OF THIS SEC	TION MUST BE CO	VIPI FT	FD ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE. EITHER (must check one):	R FINANCIAL INTERESTS FOR	THE PRECEDING TAX YEA	R WHET	HER BASED ON A CALENDAR
DECEMBER 31, 20	018 <u>OR</u> 🗆 SPEC	CIFY TAX YEAR IF OTHER TH	IAN THE C	CALENDAR YEAR:
MANNER OF CALCULATING REF FILERS HAVE THE OPTION OF USII CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	NG REPORTING THRESHOLDS ARATIVE THRESHOLDS, WHICH	1 ARE USUALLY BASED ON one):	PERCEN	UES, WHICH REQUIRES FEWER TAGE VALUES (see instructions JE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	ICOME [Major sources of income to ort, write "none" or "n/a")	o the reporting person - See ins	tructions]	
NAME OF SOURCE	ı S(DURCE'S	DE	SCRIPTION OF THE SOURCE'S
OF INCOME	Al	DDRESS		RINCIPAL BUSINESS ACTIVITY
N/A				
Control of Control of the Control of			a Company and the	All the state of t
PART B SECONDARY SOURCES C [Major customers, clients, ar (If you have nothing to re	DF INCOME and other sources of income to busine port, write "none" or "n/a")	esses owned by the reporting pe	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
milts Ren . :	Sul, Contrail	915 Middle R	ul	Sul-Clean/m/r
			77	
PART C REAL PROPERTY [Land, bu (If you have nothing to repo	ildings owned by the reporting persont, write "none" or "n/a")	on - See instructions]		INSTRUCTIONS for when
1/A				nere to file this form are d at the bottom of page 2.
				UCTIONS on who must file rm and how to fill it out begin
			on pag	e 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Storage of the control of t	cks, bonds, certificates of deposit, etc See ins	structions]
TYPE OF INTANGIBLE		WHICH THE PROPERTY RELATES
1/12		
70/11		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	e" or "n/a")	
NAME OF CREDITOR	ADDRE	SS OF CREDITOR
Chase (C/A, ad-Cond		
Chuse Coffinio Com	\	
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none		inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	1/1	
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 and	nual ethics training pursuant to section 112.3142	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SH	EET, PLEASE CHECK HERE 🔲
SIGNATURE OF FILE	R: CPA or AT	TORNEY SIGNATURE ONLY
Signature:	in good standing with she must complete the l, Form 1 in accordance	, prepared the CE with Section 112.3145, Florida Statutes, and the n. Upon my reasonable knowledge and belief, the
Date Signed:		
6/3//19	CPA/Attorney Signatu	re:
	Date Signed:	
FILING INSTRUCTIONS:		
If you were mailed the form by the Commission on Et Supervisor of Elections for your annual disclosure form to that location. To determine what category you	filing, return the MILL TIPLE CHANGLING	m together with their filing papers. NECESSARY: A candidate who files a Form

under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by 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.

1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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

Candidates must file at the same time they file their qualifying

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <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 FINANCIAL INTERESTS

2018

FOR OFFICE USE ONLY:

EVANG. ANTHONY 2154 LAZY LANE	
2154 LAZY LANE	EVANG. ANTHONY
	2134 LAZY LANE
LAZY LAKE, FLA	LAZY LAKE, FLA
You are not limited to the space on the lines on this form Attach	

e space on the lines on this form. Attach additional sheets, if necessary. ☐ NEW EMPLOYEE OR APPOINTEE. CHECK ONLY IF CANDIDATE OR **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2018** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") FILING INSTRUCTIONS for when and where to file this form are 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			
KID.				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"] e" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
MA NO CREDITORS				
1 1/1				
PART F — INTERESTS IN SPECIFIED BUSINESSES [On (If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instructions] e" or "n/a") BUSINESS 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	<u> </u>			
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers required to complete ann I CERTIFY THAT I I	HAVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 🔲			
Signature: Date Signed: 7 1 2015	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,			
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) 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 FINANCIAL INTERESTS

2018

FOR OFFICE USE ONLY:

Patrick Kaufman-276061
Lazy Lake - Council Member
2230 Lazy Lane
Lazy Lake, FL 33305

You are not limited to the space on the CHECK ONLY IF CANDIDAT		/			
**** <u>BO</u>	TH PARTS	OF THIS SEC	TION MUST B	E COMPLETE	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. I EITHER (must check one):	OUR FINANCI	AL INTERESTS FOR	THE PRECEDING	TAX YEAR, WHETH	HER BASED ON A CALENDAR
DECEMBER 31	, 2018 <u>OF</u>	SPEC	IFY TAX YEAR IF O	THER THAN THE C.	ALENDAR YEAR:
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):					FAGE VALUES (see instructions
□ COMPARATIVE	(PERCENTA	GE) THRESHOLDS	OR X	DOLLAR VALU	E THRESHOLDS
PART A PRIMARY SOURCES C (If you have nothing to	OF INCOME [Ma report, write "I	jor sources of income to none" or "n/a")	the reporting persor	n - See instructions]	
NAME OF SOURCE OF INCOME			DURCE'S DDRESS	1	SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Vortex Aviation I	nc . 910 A	1E3 rdave, Ft. 1	anderdole, FL	33304 Repa	t Jet Engines
			,		J
				The second section of the second seco	The first control of the control of
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY		MAJOR SOURCES	ADDF	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	500		1 00	OI TOL	ACTIVITION SOURCE

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
MOME			

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

95 N. Birch Rd. Apt. 503, Ft. Landerdale, FL. 33304

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.

21.			
PART D — INTANGIBLE PERSONAL PROPERTY [Stop (If you have nothing to report, write "non		of deposit, etc See inst	ructions]
TYPE OF INTANGIBLE		BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES
NONE			
		CONTRACTOR AND A SECOND STREET OF THE SECOND STREET	
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non			
NAME OF CREDITOR		ADDRES	S OF CREDITOR
MONE			
PART F — INTERESTS IN SPECIFIED BUSINESSES [6] (If you have nothing to report, write "none	e" or "n/a") BUSINESS	S ENTITY#1	nesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	King Pernut R		270
ADDRESS OF BUSINESS ENTITY	1011-	LARY LAKE FL. 3	600
PRINCIPAL BUSINESS ACTIVITY	Rental Inco	one	
POSITION HELD WITH ENTITY	owner		W
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100 %		
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers required to complete an			
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE 🔲
SIGNATURE OF FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY
Signature:		in good standing with the she must complete the I,Form 1 in accordance in the standard of	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
Date Signed:		CPA/Attorney Signature	e:
June 30, 2019		Date Signed:	
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on E	thice or a County C	andidatos filo this form	together with their filing peners
Supervisor of Elections for your annual disclosure form to that location. To determine what category y	filing, return the	ULTIPLE FILING UNN	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission

under, see page 3 of instructions.

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FORM 1	STATE	MENT OF	2018	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTERESTS	5	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE K:rby Carlton D	e NAME:		*	
MAILING ADDRESS: 6 NE 24 Street				
Wilton Manors	33305 Brow	vard		
CITY:	ZIP: COUNTY:	The same of the sa		
NAME OF AGENCY: Village	of Lazy Lake			
NAME OF OFFICE OR POSITION HELD	D OR SOUGHT			
You are not limited to the space on the line		em Ser- eets, if necessary.		
	OR NEW EMPLOYEE O			
**** <u>BOTH</u>	PARTS OF THIS SEC	TION MUST BE CO	MPLE	ΓED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAE EITHER (must check one):	R FINANCIAL INTERESTS FOR	THE PRECEDING TAX YEA	R WHET	HER BASED ON A CALENDAR
DECEMBER 31, 201	18 <u>OR</u> □ SPEC	IFY TAX YEAR IF OTHER TH	AN THE	CALENDAR YEAR:
MANNER OF CALCULATING REPORTION OF USING CALCULATIONS, OR USING COMPARTOR for further details). CHECK THE ONE	G REPORTING THRESHOLDS RATIVE THRESHOLDS WHICH	TARE DSHALLY RASED ON	LAR VALI I PERCE	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions
	RCENTAGE) THRESHOLDS	15.	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF INC	OME [Major sources of income to	the reporting person - See insi	ructions)	
(If you have nothing to repor	rt, write "none" or "n/a")			
NAME OF SOURCE OF INCOME		DRESS	DE P	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
OPEN SYSTEMS INC	4301 Dean Lake	s Dlvd. Shakappe min	55379	Business Software
PART B SECONDARY SOURCES OF	INCOME			
[Major customers, clients, and (If you have nothing to repo	other sources of income to busine	sses owned by the reporting pe	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
VA				
DADT C. DEAL DEODECTE (I				
PART C REAL PROPERTY [Land, build (If you have nothing to report	lings owned by the reporting perso , write "none" or "n/a")	n - See instructions]	FILING	INSTRUCTIONS for when
141 Laguna Ct, St. Agustine FL 32084			locate	here to file this form are d at the bottom of page 2.
038 Dorado Drive, St. Augustine, FL 32084			this fo	UCTIONS on who must file orm and how to fill it out
15 Andora Street " "	, FL 32084		begin	on page 3.
	The second secon	to the second		

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"	cs, bonds, certificates of deposit, etc See instructions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH 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	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none" or	wnership or positions in certain types of businesses - See instructions] r "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NA
ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	
POSITION HELD WITH ENTITY	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	
NATURE OF MY OWNERSHIP INTEREST	
PART G — TRAINING For elected municipal officers required to complete annual	al ethics training pursuant to section 112.3142, F.S.
☑ I CERTIFY THAT I HA	AVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE C	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
Signature: Calta Ry Date Signed: 6/30/19	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:	
All and the control of the control o	

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	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
John Boisseau-251882 Lazy Lake - Council Member 2260 Lazy Ln Lazy Lake, FL 33305					
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE	on this form. Attach additional shee				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INC (If you have nothing to report	t, write "none" or "n/a") SO	URCE'S , (DESCRIPTION OF THE SOURCE'S		
	OF INCOME ADDRESS		PRINCIPAL BUSINESS ACTIVITY		
Social Security					
(If you have nothing to repo	other sources of income to busines	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
IVA					
DADLC DEAL DOOCDEN II and his					
PART C REAL PROPERTY [Land, build (If you have nothing to report of the control of the contro	FILI and loca INST	NG INSTRUCTIONS for when where to file this form are ted at the bottom of page 2. FRUCTIONS on who must file form and how to fill it out begin age 3.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bond: (If you have nothing to report, write "none" or "n/a" TYPE OF INTANGIBLE	')		tructions] VHICH 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		ADDRES	S OF CREDITOR
IV B			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership (If you have nothing to report, write "none" or "n/a"))		
NAME OF BUSINESS ENTITY A A	BUSINES	S ENTITY# 1	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			
For elected municipal officers required to complete annual ethics I CERTIFY THAT I HAVE (COMPLI	ETED THE REQU	JIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTIL	NUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
Signature:		If a certified public acco	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or
Date Signed:	THE STATE OF	she must complete the 1. Form 1 in accordance v	following statement:
7/1/19		CPA/Attorney Signature	
		Date Signed:	
FILING INSTRUCTIONS:		*	
If you were mailed the form by the Commission on Ethics or a C Supervisor of Elections for your annual disclosure filing, retu form to that location. To determine what category your position under, see page 3 of instructions.	on falls M	ULTIPLE FILING UNN	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission is
Local officers/employees file with the Supervisor of Election of the county in which they permanently reside. (If you of permanently reside in Florida, file with the Supervisor of the content of the supervisor of the supervisor of Elections may file by mail or email. Contact Supervisor of Elections for the mailing address or email address. On the mail your form to the Commission on Ethics, it is returned.	do not county da de with cit your county day county day de with cit your county day day day day day day day day day da	HEN TO FILE: Initially id specified state emplate of his or her appoint opointees who must be infirmation, even if that pointment.	r, each local officer/employee, state officer, oyee must file within 30 days of the itment or of the beginning of employment confirmed by the Senate must file prior to is less than 30 days from the date of their
State officers or specified state employees who file wi Commission on Ethics may file by mail or email. To file by send the completed form to P.O Drawer 15709. Tallahasse	th the pa	pers. rereafter, file by July 1	the same time they file their qualifying following each calendar year in which they
32317-5709; physical address: 325 John Knox Rd, Bldg E, Si Tallahassee, FL 32303. To file with the Commission by email your completed form and any attachments as a pdf (do not us other format) and send it to CEForm1@leg.state.fl.us. Do not both mail and email. Choose only one filing method. Form 6s v be accepted via email.	e 200, Files	iving office or employm Financial Interests) doe	osure form (Form 1F) within 60 days of lent. Filing a CE Form 1F (Final Statement es not relieve the filer of filing a CE Form 1 r position on December 31, 2018.

Instruction pages 3-6 of 6:

CE FORM 1 - Effective: January 1, 2015 Incorporated by reference in Rule 34-8 202(1), F.A.C.

FORM 1	STATEM	MENT OF		2018	
	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:		
Sally Boisseau-251883 Lazy Lake - Council Member 2260 Lazy Ln Lazy Lake, FL 33305					
You are not limited to the space on the li					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE	PARTS OF THIS SECT IR FINANCIAL INTERESTS FOR ASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR	R, WHET	HER BASED ON A CALENDAR	
EITHER (must check one): DECEMBER 31, 2	D18 OR 🗆 SPECI	FY TAX YEAR IF OTHER TH	AN THE C	CALENDAR YEAR	
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMP for further details). CHECK THE ON	NG REPORTING THRESHOLDS ARATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON one):	PERCEN	TAGE VALUES (see instructions	
- 0011111111111111111111111111111111111	·			JE THRESHOLDS	
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See inst	tructions]		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
SECIAL SECNEST					
	,				
			·		
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting per	son-See	instructions)	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA					
/					
PART C REAL PROPERTY [Land, b	uildings owned by the reporting perso	n - See instructions!			
(If you have nothing to report, write "none" or "n/a")				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
/V/ /*				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
CEFORM1-Effective January1, 2019		on reverse side)		PAGE 1	

Sally's p. 2 of 6

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "none	cks, bonds, certificates	of deposit, etc See ins	tructions]	
TYPE OF INTANGIBLE	A 400 AA901 • 1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A				
	and the second s			
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none	" or "n/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR		
N/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none"	" or "n/a")			
NAME OF BUSINESS ENTITY NAME	BOSINES	S ENTITY#1	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				
For elected municipal officers required to complete ann				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R;	CPA or ATTORNEY SIGNATURE ONLY		
Signature: 0/5500	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:/		disclosure nerein is true	and correct.	
7/1/19		CPA/Attorney Signature:		
		Date Signed:		
FILING INSTRUCTIONS:				
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.		andidates file this form together with their filing papers. ULTIPLE FILING UNNECESSARY: A candidate who files a Form with a qualifying officer is not required to file with the Commission Supervisor of Elections.		
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 to email address to prote mail your forms to the Commission of Elections. WHEN TO FILE: Initially, each local officer/employee, state and specified state employee must file within 30 days date of his or her appointment or of the beginning of employees who must be confirmed by the Senate must file confirmation, even if that is less than 30 days from the date appointment.				

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.

Candidates must file at the same time they file their qualifying

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

CE FORM 1 - Effective, January 1, 2019 Incorporated by reference in Rule 34-8 202(1), F.A.C.

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