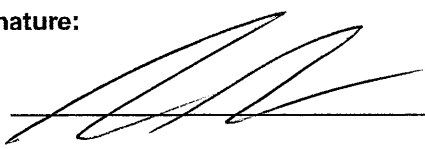


| FORM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATEMENT OF<br>FINANCIAL INTERESTS              | 2020                                                                                                                                                                                                                                                                                                                 |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------------------------------|---------------------------------------|--------------------------------------------------|-----------------------|--------------------------|-----------------------|--|--|--|--|--|--|--|--|
| <p>Please print or type your name, mailing address, agency name, and position below:</p> <p>LAST NAME -- FIRST NAME -- MIDDLE NAME :<br/><u>Rydell, Joshua David</u></p> <p>MAILING ADDRESS :<br/><u>Redacted</u></p> <p><u>Redacted</u></p> <p>CITY : <u>City of Coconut Creek</u>      ZIP :      COUNTY :</p> <p>NAME OF AGENCY :<br/><u>City Commission District</u></p> <p>NAME OF OFFICE OR POSITION HELD OR SOUGHT :</p> <p>CHECK ONLY IF <input checked="" type="checkbox"/> CANDIDATE    OR    <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE</p>                                                                                                                                                                                                                                                                                                    |                                                  | <p>FOR OFFICE USE ONLY:</p>                                                                                                                                                                                                       |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <p>**** THIS SECTION <u>MUST</u> BE COMPLETED ****</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <p><b>DISCLOSURE PERIOD:</b><br/>THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <p><b>MANNER OF CALCULATING REPORTABLE INTERESTS:</b><br/>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 (<u>must check one</u>):</p> <p><input checked="" type="checkbox"/> <b>COMPARATIVE (PERCENTAGE) THRESHOLDS</b>    OR    <input type="checkbox"/> <b>DOLLAR VALUE THRESHOLDS</b></p>                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <p><b>PART A -- PRIMARY SOURCES OF INCOME</b> [Major sources of income to the reporting person - See instructions]<br/>(If you have nothing to report, write "none" or "n/a")</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME OF SOURCE OF INCOME</th> <th style="width: 33%;">SOURCE'S ADDRESS</th> <th style="width: 34%;">DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th> </tr> </thead> <tbody> <tr> <td><u>Law office of Joshua Rydell</u></td> <td><u>623 SE 3<sup>rd</sup> Ave Fort Lauderdale</u></td> <td><u>Legal services</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                      | NAME OF SOURCE OF INCOME              | SOURCE'S ADDRESS                          | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | <u>Law office of Joshua Rydell</u>    | <u>623 SE 3<sup>rd</sup> Ave Fort Lauderdale</u> | <u>Legal services</u> |                          |                       |  |  |  |  |  |  |  |  |
| NAME OF SOURCE OF INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SOURCE'S ADDRESS                                 | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY                                                                                                                                                                                                                                                              |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <u>Law office of Joshua Rydell</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>623 SE 3<sup>rd</sup> Ave Fort Lauderdale</u> | <u>Legal services</u>                                                                                                                                                                                                                                                                                                |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <p><b>PART B -- SECONDARY SOURCES OF INCOME</b><br/>[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]<br/>(If you have nothing to report, write "none" or "n/a")</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME OF BUSINESS ENTITY</th> <th style="width: 25%;">NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th> <th style="width: 25%;">ADDRESS OF SOURCE</th> <th style="width: 25%;">PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th> </tr> </thead> <tbody> <tr> <td><u>City of Coconut Creek</u></td> <td><u>Commission</u></td> <td><u>4800 W. Copaus Rd</u></td> <td><u>Elected office</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                  |                                                                                                                                                                                                                                                                                                                      | NAME OF BUSINESS ENTITY               | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE                                       | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | <u>City of Coconut Creek</u>                     | <u>Commission</u>     | <u>4800 W. Copaus Rd</u> | <u>Elected office</u> |  |  |  |  |  |  |  |  |
| NAME OF BUSINESS ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME OF MAJOR SOURCES OF BUSINESS' INCOME        | ADDRESS OF SOURCE                                                                                                                                                                                                                                                                                                    | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <u>City of Coconut Creek</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Commission</u>                                | <u>4800 W. Copaus Rd</u>                                                                                                                                                                                                                                                                                             | <u>Elected office</u>                 |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                                                                                                                                                                                                                                                      |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |
| <p><b>PART C -- REAL PROPERTY</b> [Land, buildings owned by the reporting person - See instructions]<br/>(If you have nothing to report, write "none" or "n/a")</p> <p><u>N/A</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | <p>You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.</p> <p><b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.</p> <p><b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3.</p> |                                       |                                           |                                                         |                                       |                                                  |                       |                          |                       |  |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc. - See instructions]<br>(If you have nothing to report, write "none" or "n/a")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| TYPE OF INTANGIBLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| America's retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ETrade retirement                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>PART E — LIABILITIES</b> [Major debts - See instructions]<br>(If you have nothing to report, write "none" or "n/a")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NAME OF CREDITOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDRESS OF CREDITOR                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Wells Fargo Mortgage Key Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Wells Fargo Corporate Headquarters 231 E. Delaware Ave. Buffalo NY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions]<br>(If you have nothing to report, write "none" or "n/a")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>PART G — TRAINING</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> 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 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>SIGNATURE OF FILER:</b><br><br>Signature: <br><br>Date Signed: 1-6-2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | <b>CPA or ATTORNEY SIGNATURE ONLY</b><br><br>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:<br><br>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.<br><br>CPA/Attorney Signature: _____<br><br>Date Signed: _____ |
| <b>FILING INSTRUCTIONS:</b><br><br>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.<br><br><b>Local officers/employees</b> 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 returned.</u><br><br><b>State officers or specified state employees</b> 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. <u>Do not file by both mail and email. Choose only one filing method.</u> Form 6s will not be accepted via email.<br><br><b>Candidates</b> file this form together with their filing papers.<br><br><b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.<br><br><b>WHEN TO FILE: Initially,</b> each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.<br><br><b>Candidates</b> must file at the same time they file their qualifying papers.<br><br><b>Thereafter,</b> file by July 1 following each calendar year in which they hold their positions.<br><br><b>Finally,</b> 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, 2020. |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |