

## STATEMENT OF FINANCIAL INTERESTS

LAST NAME --- FIRST NAME --- MIDDLE NAME:

For Office  
Use Only:

MAILING ADDRESS: \_\_\_\_\_ If change of address, check here:

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NAME OF AGENCY:

NAME OF POSITION HELD:

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**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 (check one):

December 31, 20\_\_\_\_ or  Specify Tax Year if other than the calendar year: \_\_\_\_\_

**PART A – PRIMARY SOURCES OF INCOME** (Major sources of income over \$2,500 min. to the reporting person, i.e., other employment, pensions, rental property)

Name Source of Income	Source's Address	Description of the Source's Principal Business Activity

**PART B – SECONDARY SOURCES OF INCOME** (Major customers, clients and other sources of income to businesses owned by the reporting person)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source

**PART C – REAL PROPERTY – FLORIDA ONLY** (Land, buildings owned by the reporting person)

**PART D – INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses, that have currently or likely will do business with Escambia County Board of County Commissioners)

	Business Entity # 1	Business Entity #2	Business Entity # 3
Name or Business Entity			
Address of Business Entity			
Principal Business Activity			
Position Held With Entity			

IF ANY OF PARTS A THROUGH D ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

**DATE SIGNED (required):**

**FILING INSTRUCTIONS**

**What to File:**

After completing all parts of this form, including signing and dating it, submit only pages 1 and 2 to Human Resources.

If you have nothing to report in a particular section, you must write "none" or "n/a" in the section(s).

**Facsimiles and scanned documents will not be accepted.**

**Where to File:**

SES I and SES II employees submit this form to Human Resources.

**When to File:**

Within 30 days of the effective date of the approved inclusion of the BCC - Escambia County Code of Ethics and every year thereafter by July 1.