FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

FOR OFFICE USE ONLY:

Ronald Jacobs-2394 1700 Nw 93rd Ter Plantation, FL 33322

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR IYEAR OR ON A FISCAL YEAR. PLEAS EITHER (grust check one):	FINANCIAL INTERESTS FOR TI E STATE BELOW WHETHER T	HE PRECEDING TA HIS STATEMENT !!	AX YEAR, WH S FOR THE PI	ETHE! RECE!	R BASED ON A CALENDAR DING TAX YEAR ENDING		
DECEMBER 31, 2017	OR • SPECIF	Y TAX YEAR IF OTI	HER THAN TH	E CAL	ENDAR 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 repor					DIDTION OF THE COURSE!		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
RZM2 LLLP	1700 NW93 TER PLAMBRA FL INVESTMEND REAL PM			mand REAL AND			
				TRAMMBLE			
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to busines	ses owned by the rep	orting person -	See ins	tructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME		DDRESS SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NONE	OF BOSINESS INCOME	0.000		_			
7,01,0				_			
				+			
PART C - REAL PROPERTY [Land, built (If you have nothing to report	dings owned by the reporting perso t, write "none" or "n/a")	n - See instructions]	an	id whe	NSTRUCTIONS for when are		
NONE				located at the bottom of page 2. INSTRUCTIONS on who must file			
			th	is for	n and how to fill it out n page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "non		tes of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
PARTURESHIP FUTBREST	R2Ma	LLLP				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
MONE			· · · · · · · · · · · · · · · · · · ·			
PART F — INTERESTS IN SPECIFIED BUSINESSES [6] (If you have nothing to report, write "none	e" or "n/a")	ons in certain types of busi	nesses - See Instructions) BUSINESS ENTITY#2			
NAME OF BUSINESS ENTITY		INE	SUSINESS ENTITY #2			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
PART G — TRAINING For elected municipal officers required to complete an I CERTIFY THAT I	4.		.F.S. UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE •						
SIGNATURE OF FILE	R:	CPA or ATTORNEY SIGNATURE ONLY				
Signature: Raw Aur		If a certifled 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:				
Date Signed: 500 5, 201	8		CPA/Attorney Signature: Date Signed:			
FILING INSTRUCTIONS:						
If you were mailed the form by the Commission on I	Ethics or a County	Candidates file this form	n together with their filing papers.			

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.

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, 2017.