Please print or type your name, mailing doubtion billow:  ACRT NAME - FIRST NAME - MIDDLE NAME:  ACCALLO DONG M  MAILING ADDRESS:  33 9 1	FORM 1	STATEM	STATEMENT OF		2021	
MAILING ADDRESS:  319	Please print or type your name, mailing address, agency name, and position below:				FOR OFFICE USE ONLY:	
MAILING ADDRESS:  319	LAST NAME FIRST NAME MI	DDLE NAME :				
CITY: ZP: COUNTY:  WATCHAY A LANDING C AD  NAME OF AGENCY:  BOAR A SUPCLUSORS ATCLISTS  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  **** THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.  MANNER OF CALCULATING REPORTABLE INTERESTS:  FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES  FEVER 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  PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF SOURCE SOURCES OF INCOME [Major sources of income to businesses owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF NAME OF NAME OF MAJOR SOURCES  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS	11-041111	nna M				
CTY:  WG TECH 2 Landing CDD  NAME OF AGENCY:  BAC J SPRINGING AGENCY:  NAME OF OFFICE OR POSITION HELD OR SOUGHT:  CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE  **** THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.  MANNER OF CALCULATING REPORTABLE INTERESTS:  FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one).  COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF SOURCE OF INCOME  [Major customers, clients, and other sources of income to Dusinesses owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS	0 0	ourdens Ave				
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TO THE OF THE CONTROL	[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]					
BUSINESS ENTITY	NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None	None					
	,					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					lines on this form. Attach additional	
3219 Royal Garders Are  FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	3219 Royal Cardins Are				here to file this form are	
GAMYICS F1 33916  INSTRUCTIONS on who must file this form and how to fill it out	GAMYINS P1 33914				INSTRUCTIONS on who must file	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc See instructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
401K - Principal	Principal				
Checky Isaving	Chase 15th 3rd				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	s] e" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NK					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	The public has great				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY	N1				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING 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.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILE	R: CPA or ATTORNEY SIGNATURE ONLY				
Signature:	If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or				
	she must complete the following statement:				
Man Sh	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the				
Date Signed:	disclosure herein is true and correct.				
5/2/2014	CPA/Attorney Signature:				
	Date Signed:				
FILING INSTRUCTIONS:					

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

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

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

Candidates must file at the same time they file their qualifying

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.