FORM 1	STATEM	MENT OF		2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE	NAME :				
Allers Daniel Le	e				
MAILING ADDRESS :					
5485 Avenida Pescadora					
CITY:	ZIP: COUNTY:				
Fort Myers Beach NAME OF AGENCY:	33931 Lee				
Fort Myers Beach Town Council	eil				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :				
Council Member					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE			
**	*** THIS SECTION MU	ST BE COMPLETE	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2021.	
-					
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US		-	- DOLLAR	VALUES VALIOU DESCRIPTO	
FEWER CALCULATIONS, OR USI					
(see instructions for further details).					
✓ COMPARATIVE (PE	ERCENTAGE) THRESHOLDS	OR DOLL	AR VALU	JE THRESHOLDS	
PART A - PRIMARY SOURCES OF IN		the reporting person - See ins	tructions]		
(If you have nothing to repo	rt, write "none" or "n/a")				
NAME OF SOURCE OF INCOME		DURCE'S DORESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Automated Shading and Lighti	ng 1040 Collier Center W	1040 Collier Center Way Ste. 5		Window Treatments and Lighting	
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to rep	d other sources of income to busine	esses owned by the reporting p	erson - See	instructions]	
NAME OF	,	ADDDESS			
BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]				o not limited to the space on the	
(If you have nothing to report, write "none" or "n/a") N/A				n this form. Attach additional , if necessary.	
			FILING	3 INSTRUCTIONS for when	
			and w	here to file this form are d at the bottom of page 2.	
			INSTRUCTIONS on who must file		
			this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [: (If you have nothing to report, write "no	Stocks, bonds, certific one" or "n/a")	cates of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to "n	ons} one" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Veridian Credit Union	P.O Box 6000	P.O Box 6000 1827 Ansborough Avenue, Waterloo IA 50704		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "non	e" or "n/a")	itions in certain types of busi	inesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	N/A			
ADDRESS OF BUSINESS ENTITY	N/A			
PRINCIPAL BUSINESS ACTIVITY	N/A			
POSITION HELD WITH ENTITY	N/A			
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	ss N/A			
NATURE OF MY OWNERSHIP INTEREST N/A				
I CERTIFY THAT I HAVE COME IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Date Signed: (30 22		PLETED THE REQUIRED TRAINING. ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,		
SH DIC DISTRICTIONS.		Date Signed:		
FILING INSTRUCTIONS:	Ethics or a County	Candidates file this form	together with their filing naners	
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.		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.		
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 these your agree, has its headquarters.) Form 1 files who file with		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		

where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be

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

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, 2021.