FORM 1	STATEM	ENT OF		2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL		Г	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :			
Anderson, Tamera Lee				
MAILING ADDRESS :				
2006 SE 6th AVE				
CITY :	ZIP: COUNTY: 33990 Lee			
Cape Coral	53990 Lee			
Clerk of the Court & Comptroll	er, Lee County			
NAME OF OFFICE OR POSITION HEL Chief Internal Audit Officer/Ins				
	OR D NEW EMPLOYEE OR	APPOINTEE		
DISCLOSURE PERIOD:	** THIS SECTION <u>MUS</u>	I BE COMPLETEL	) ****	
THIS STATEMENT REFLECTS YOU	IR FINANCIAL INTERESTS FO	R CALENDAR YEAR END	DING DE	ECEMBER 31, 2022.
MANNER OF CALCULATING R				
FILERS HAVE THE OPTION OF US				
FEWER CALCULATIONS, OR USIN (see instructions for further details).				ED ON PERCENTAGE VALUES
, , , , , , , , , , , , , , , , , , , ,	RCENTAGE) THRESHOLDS			UE THRESHOLDS
	-	·		
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		ie reporting person - See inst	ructionsj	
NAME OF SOURCE	I SOU	RCE'S I	DESCRIPTION OF THE SOURCE'S	
OF INCOME		RESS	PRINCIPAL BUSINESS ACTIVITY	
Clerk of the Court & Comptroll	er P.O. Box 2469, Fort My	vers, FL 33902	Constitutional Office	
PART B SECONDARY SOURCES OF				
[Major customers, clients, and ( <b>If you have nothing to rep</b> o	d other sources of income to business ort, write "none" or "n/a")	ses owned by the reporting pe	rson - Se	e instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
N/A				
PART C REAL PROPERTY [Land, bui (If you have nothing to report	ldings owned by the reporting person 't, write "none" or "n/a")	- See instructions]	lines	re not limited to the space on the on this form. Attach additional s, if necessary.
 N/ A			FILIN	G INSTRUCTIONS for when
N/A				vhere to file this form are ed at the bottom of page 2.
			this f	RUCTIONS on who must file form and how to fill it out n on page 3.

(If you have nothing to report, write "none" TYPE OF INTANGIBLE		ates of deposit, etc See in	structions] WHICH THE PROPERTY RELATES		
N/A		DUGINEOS ENTITITO			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR			
N/A					
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	/A				
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					
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 FILER		11			
Signature:		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,, prepared the CE			
Samera Indoren	Jamesa Indoren		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.		
Date Signed:		disclosure herein is tru	le and correct.		
		disclosure herein is tru CPA/Attorney Signatur			
5/27/2023			e:		
5/27/2023		CPA/Attorney Signatu	e:		
	ng, return the	CPA/Attorney Signatur Date Signed: Candidates file this form MULTIPLE FILING UNI 1 with a qualifying office	n together with their filing papers. NECESSARY: A candidate who files a Form or is not required to file with the Commission		
5/27/2023 <b>FILING INSTRUCTIONS:</b> If you were mailed the form by the Commission on Ethic Supervisor of Elections for your annual disclosure fillir form to that location. To determine what category your under, see page 3 of instructions. <b>Local officers/employees</b> file with the Supervisor of the county in which they permanently reside. (If permanently reside in Florida, file with the Supervisor where your agency has its headquarters.) Form 1 filers the Supervisor of Elections may file by mail or email. Supervisor of Elections for the mailing address or emain use. Do not email your form to the Commission on Ethic	ng, return the r position falls of Elections f you do not of the county s who file with Contact your ail address to	CPA/Attorney Signatur Date Signed: Candidates file this form MULTIPLE FILING UNI 1 with a qualifying office or Supervisor of Election WHEN TO FILE: Initial and specified state en date of his or her appo Appointees who must b confirmation, even if that appointment.	The together with their filing papers. NECESSARY: A candidate who files a Form for is not required to file with the Commission ms. My, each local officer/employee, state officer, nployee must file <i>within 30 days</i> of the intment or of the beginning of employment. the confirmed by the Senate must file prior to the is less than 30 days from the date of their		
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