FORM 1	STATEM	IENT OF		2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5 [FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME .			
Apking Donald James MAILING ADDRESS:				
4425 Sands Blvd				
				•
CITY:	ZIP: COUNTY:			
	914 LEE			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT			
Planning & Zoning Commissio				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE		
**	** THIS SECTION MUS	ST DE COMPLETE	7 ****	
DISCLOSURE PERIOD:	THIS SECTION WICE	51 BE COMPLETED	,	
THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING	DECEMBER 31, 2020.
MANNER OF CALCULATING R	EPORTABLE INTERESTS:			
FILERS HAVE THE OPTION OF US				
FEWER CALCULATIONS, OR USING (see instructions for further details).				SED ON PERCENTAGE VALUES
	RCENTAGE) THRESHOLDS			ALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC	·			
(If you have nothing to repo		the reporting person - See ins	uction	5)
NAME OF SOURCE	SOURCE'S		DESCRIPTION OF THE SOURCE'S	
OF INCOME Social Security		ADDRESS		PRINCIPAL BUSINESS ACTIVITY
Social Security	Social Security Admin	ilstration	Socia	al Security Distribution
PART B SECONDARY SOURCES OF	INCOME			
	d other sources of income to busine	sses owned by the reporting pe	erson -	See instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
NA				
PART C - REAL PROPERTY [Land, bu		n - See instructions]		are not limited to the space on the
(If you have nothing to repo 4425 Sands Blvd Cape Coral Fl	•			s on this form. Attach additional ets, if necessary.
1720 Danus Divu Cape Colai i i	33/17			ING INSTRUCTIONS for when
				I where to file this form are ated at the bottom of page 2.
		****		TRUCTIONS on who must file
				s form and how to fill it out jin on page 3.

TYPE OF INTANGIBLE	1	ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks	Morgan Sta	Morgan Stanley			
PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, write "r					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NA		· · · · · · · · · · · · · · · · · · ·			
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or r	positions in certain types of busi	nesses - See instructions1		
(If you have nothing to report, write "no	ne" or "n/a")	JSINESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	NA				
PRINCIPAL BUSINESS ACTIVITY	NΛ				
POSITION HELD WITH ENTITY	NA				
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ss NA				
NATURE OF MY OWNERSHIP INTEREST	NA				
PART G — TRAINING For elected municipal office					
agency created under Part III, Chapter 163 required	•	3 1			
I CERTIFY THAT	THAVE CO	MPLETED THE REQU	JIRED TRAINING.		
IF ANY OF PARTS A THROUGH G A	RE CONTINUE	ED ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILER:		CPA or ATTO	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		
- 12.1	,	she must complete the f			
Wonalu J. Wh	ino	L	, prepared the CE		
- Some fr. copie	~ 7	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:					
Date Signed:	/	CPA/Attorney Signature			
Date Signed: Nov. 9, 202	<u> </u>	CPA/Attorney Signature Date Signed:			

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 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, 2020.