FORM 1	STATEM	IENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	E NAME :			
MAILING ADDRESS :				
CITY :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEI	LD OR SOUGHT :			
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE		
* DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	*** THIS SECTION MUS	_		CEMBER 31, 2021.
MANNER OF CALCULATING FFILERS HAVE THE OPTION OF USFEWER CALCULATIONS, OR USI(see instructions for further details).COMPARATIVE (P)	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	-	JRCE'S DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busine	sses owned by the reporting pe	erson - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
			FILIN and w	G INSTRUCTIONS for when here to file this form are ad at the bottom of page 2.
			this fo	RUCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific	ates of deposit, etc See instructions]		
(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
PART E — LIABILITIES [Major debts - See instructions]			
(If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or posi	tions in certain types of husinesses - See instructions]		
(If you have nothing to report, write "none" or "n/a")	IESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	ESS ENTITY # 1 BUSINESS 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			
agency created under Part III, Chapter 163 required to complete annual eth			
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE		
	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,, prepared the CI Form 1 in accordance with Section 112.3145, Florida Statutes, and th instructions to the form. Upon my reasonable knowledge and belief, th		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature:	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,, prepared the Cl Form 1 in accordance with Section 112.3145, Florida Statutes, and th instructions to the form. Upon my reasonable knowledge and belief, th disclosure herein is true and correct.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: <i>Gary Ayotte</i>	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,, prepared the CI Form 1 in accordance with Section 112.3145, Florida Statutes, and th instructions to the form. Upon my reasonable knowledge and belief, th		
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IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: <i>Jary Ayotte</i> Date Signed:	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,, prepared the Cl Form 1 in accordance with Section 112.3145, Florida Statutes, and th instructions to the form. Upon my reasonable knowledge and belief, th disclosure herein is true and correct. CPA/Attorney Signature: Date Signed: 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 Commissio		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature:	ON A SEPARATE SHEET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Jack Ayotta 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 Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, 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 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	ON A SEPARATE SHEET, PLEASE CHECK HERE		