FORM 1	STATEMENT OF			2022		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS			FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDDLE	NAME:					
Ballantyne -George MAILING ADDRESS:	-J058ph					
16020 ARbor View	BLVd., APT 122					
MOte: ABOVE IS TEMPORARY						
innut!	can Recovery Address)					
CITY: ZIP: COUNTY:  NAPIFS 34110 COLLIED						
NAME OF AGENCY:	110 COLTIEB					
	DENOU TIKTOIM					
PORT MYERS BEACH LIBRARY DISTRICT NAME OF OFFICE OR POSITION HELD OR SOUGHT:						
Board member seat	_ •					
	OR NEW EMPLOYEE OR	APPOINTEE				
CHECK CHETH LI CARDIDATE						
*:	*** THIS SECTION MUS	T BE COMPLETE	) **** )			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.						
INIO STATEMENT REFLECTS TO	SK FRANCIAL RATERES SO S C		JII TO DET			
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 (PI	ERCENTAGE) THRESHOLDS	OR DOLL	AR VALU	E THRESHOLDS		
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]						
(If you have nothing to repo						
NAME OF SOURCE		JRCE'S		SCRIPTION OF THE SOURCE'S		
OF INCOME		DRESS		RINCIPAL BUSINESS ACTIVITY		
The Vanguard Grave	1					
	VGOI E. 12th ST., Kansas City MO 64106 U.S. Governmen			•		
Thellouthen TRust Co.	505. LaSalle St., Chicago, Il 60603 TRUSTYPENSION MONT P.O.BOX 151750 ALEXANDRIA, VARZZIE GOV'T PENSION BENEFIT Mente					
USPBGC	P.O.BOX 151750 ALE	randria, VAZZ315	(rov+t	Ensign Benefit Memte		
PART B SECONDARY SOURCES Of Major customers, clients, and (If you have nothing to reposite the second se	nd other sources of income to busines	sses owned by the reporting p	erson - See	instructions]		
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
NONE						
			<del></del>			
DADT C _ DEAL DDODEDTY flood b	sildings owned by the reporting person	n - See instructions	You ar	e not limited to the space on the		
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			lines o	n this form. Attach additional		
MONE				, if necessary.		
				G INSTRUCTIONS for when here to file this form are		
			locate	d at the bottom of page 2.		
			this fo	CUCTIONS on who must file orm and how to fill it out on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		f deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
CASh, Stocks, Index Fonds,	Vanguard GROUD					
Exchance Traded FUNDS						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	-					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
None						
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	MONE		NONE			
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						
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 FILER:		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:				
Beta Signadi		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 disclosure herein is true and correct.				
Date Signed:		CPA/Attorney Signature:				
Ann 20. 2022		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 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, 2022.