FORM 1	STATEM	ENT 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 MIDDL	L NAME :			
Brown, Andrew				
MAILING ADDRESS:				
9071 Estero River Cir.				•
CITY:	ZIP: COUNTY:			
Estero	33928 Lee			
NAME OF AGENCY : Collier County Public Schools				
NAME OF OFFICE OR POSITION HE				
Senior Director, Human Resou				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		
*	*** THIS SECTION MUS	T BE COMPLETED	****	<u> 1 majaran dan mendili digunah wila dan mendili</u>
DISCLOSURE PERIOD:				
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	R CALENDAR YEAR END	ING DE	DEMBER 31, 2022.
MANNER OF CALCULATING				
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI	SING REPORTING THRESHOLI NG COMPARATIVE THRESHOL	DS THAT ARE ABSOLUTE .DS. WHICH ARE USUALI	DOLLAF Y BASE	R VALUES, WHICH REQUIRES D ON PERCENTAGE VALUES
(see instructions for further details).	CHECK THE ONE YOU ARE U	JSING (must check one):		D ON PENCENTION WILDED
☐ COMPARATIVE (P	ERCENTAGE) THRESHOLDS	OR of DOLLA	AR VALU	IE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		he reporting person - See instr	uctions]	
NAME OF SOURCE		PRCE'S	DESCRIPTION OF THE SOURCE'S	
OF INCOME None	ADD	PRESS	PRINCIPAL BUSINESS ACTIVITY	
None			<u>"</u>	
-				
PART B SECONDARY SOURCES O	E INCOME			
(Major customers, clients, ar	nd other sources of income to busines	ses owned by the reporting per	son - See	instructions]
(If you have nothing to rep NAME OF	·	ADDDESO		
BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None				
4				
PART C REAL PROPERTY [Land, but		n - See instructions]	You are	o not limited to the space on the
(If you have nothing to repo	ort, write "none" or "n/a")		lines o	n this form. Attach additional if necessary.
			· ·	INSTRUCTIONS for when
None			and w	here to file this form are d at the bottom of page 2.
				UCTIONS on who must file
			this fo	rm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificate	s of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
None				
DADTE MADULTICO Maio della Coninda della				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None				
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a")			
NAME OF BUSINESS ENTITY	BUSINESS 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				
PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to C	complete annual ethics	training pursuant to section		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	N A SEPARATE SHE	ET, 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:		
Andrew Brown and S		t,, 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:				
08/21/23		CPA/Attorney Signature:		
		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.