FORM 1 STATEMENT OF			2022		
	DINANCIAL INTEDESTS				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL II	11EKESIS		FOR OFFICE USE ONLY:	
BROWN STEPHEN				Ň	
MAILING ADDRESS: 3819 WEST GULF DR					
SAN IBEL 33957 LEE				23JUN05AM0907 SCE Lee Co F	
NAME OF AGENCY:	LTH			7386	
NAME OF OFFICE OR POSITION HEL		Ad a residue	/	<u>1</u>	
CHECK ONLY IF	OR NEW EMPLOYEE OR APP	POINTEE	01		
*	*** THIS SECTION MUST	BE COMPLETED	***		
DISCLOSURE PERIOD:	UR FINANCIAL INTERESTS FOR (NG DEC	CEMBER 31, 2022.	
FEWER CALCULATIONS, OR USI	REPORTABLE INTERESTS: SING REPORTING THRESHOLDS NG COMPARATIVE THRESHOLDS CHECK THE ONE YOU ARE USI	, WHICH ARE USUALL\ NG (must check one):	/ BASE	D ON PERCENTAGE VALUES	
,			Maria de la compansión de	E THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to the rort, write "none" or "n/a")	eporting person - See instru	ctions]		
NAME OF SOURCE SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
0 0					
LEE HEALTH					
			Service allows		
PART B SECONDARY SOURCES C [Major customers, clients, a (If you have nothing to re	OF INCOME nd other sources of income to businesses port, write "none" or "n/a")	owned by the reporting pers	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
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	e not limited to the space on the on this form. Attach additional s, if necessary.	
Homé			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks (If you have nothing to report, write "none" of	or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
STOCKS	PERSONAL IRA				
SAN CAP TRUST CO					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" of	or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
EDISON NAT BANK	FT MYERS				
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	TV/ 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					
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:				
Hephan Brown	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:				
5/30/23	CFMAILOTHEY SIGNALUTE.				
	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.

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BUSINESS REPLY MAIL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



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