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 Brown-Cestero, Steven Allen	NAME :		_	
MAILING ADDRESS: 11872 Rosalinda Court				
J - 1	ZIP: COUNTY: 33912 Lee			
NAME OF AGENCY: Paseo Community Developmer	nt District			
NAME OF OFFICE OR POSITION HEL Chairman / Seat 3	D OR SOUGHT :			
CHECK ONLY IF	OR NEW EMPLOYEE OF	R APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).	UR FINANCIAL INTERESTS FOR TABLE INTERESTS: SING REPORTING THRESHOLING COMPARATIVE COMPARA	DS THAT ARE ABSOLUTE I LDS, WHICH ARE USUALL USING (must check one):		
PART A PRIMARY SOURCES OF INC		the reporting person - See instru	uctions]	
NAME OF SOURCE OF INCOME	, so	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
US Navy Retirement	Washington, DC			
VA Disability Pay	Washington, DC			
(If you have nothing to rep NAME OF BUSINESS ENTITY	d other sources of income to busine	sses owned by the reporting pers ADDRESS OF SOURCE	son - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A				
PART C REAL PROPERTY [Land, bu		on - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
N/A			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.	

TYPE OF INTANGIBLE	e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
N/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES [In the control of the	or "n/a")	ons in certain types of bu	ısinesses - S	Gee instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A		N/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, agency created under Part III, Chapter 163 required to c	omplete annual ethics	s training pursuant to sec	tion 112.3142	2, F.S.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED O	N A SEPARATE SH	EET, PLE	ASE 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: 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.		
		III		
Date Signed:		CPA/Attorney Signatu	re:	

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

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. <u>Do not file by both mail and email. Choose only one</u> 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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.