## FORM 1

## **STATEMENT OF** FINANCIAL INTERESTS

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	v	$\overline{}$	v	r

Please print or type your name, mailing

FOR OFFICE USE ONLY:

address, agency name, and po				'	FOR OFFICE USE ONLT.	
LAST NAME FIRST NAM	ME MIDDLE NA	ME:				
Brownell	Katherine	e Aliza				
MAILING ADDRESS :						
12430 McGregor Blv	d					
CITY:	Z	IP: COUNTY:				
Fort Myers	33919	) Lee				
NAME OF AGENCY :						
Lee County Historic	Preservation 1	Board				
NAME OF OFFICE OR PO	OSITION HELD O	R SOUGHT :				
Member						
CHECK ONLY IF C	ANDIDATE OR	☐ NEW EMPLOYEE O	R APPOINTEE			
	***	THIS SECTION MU	ST BE COMPLETE	D ****		
DISCLOSURE PERIO		=			OFMBED 04 0000	
THIS STATEMENT REF	LECIS YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2020.	
MANNER OF CALCU	JLATING REP	ORTABLE INTERESTS	:			
					R VALUES, WHICH REQUIRES	
		IECK THE ONE YOU ARE			D ON PERCENTAGE VALUES	
· —	,	ENTAGE) THRESHOLDS	` <b>—</b>		JE THRESHOLDS	
PART A PRIMARY SOU	RCES OF INCOM	IE [Major sources of income to	the reporting person - See ins	structions		
		vrite "none" or "n/a")	and reperming persons			
NAME OF SOL		SOURCE'S			SCRIPTION OF THE SOURCE'S	
OF INCOM	E	ADDRESS		PRINCIPAL BUSINESS ACTIVITY		
Shemtov Title LLC		1113 SE 47th Terrace, #5, Cape Cora		Title Insurance		
PART B SECONDARY			and a summer of last the amount of the summer of the summe		in the set of the set	
		her sources of income to busine write "none" or "n/a")	esses owned by the reporting p	erson - See	emstructionsj	
NAME OF	, NA	ME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTIT	Y	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
Shemtov Title	LoanD	Depot.com LLC	26642 Towne Centre	Drive,	Residential Lending	
		gs owned by the reporting pers	on - See instructions]	You ar	e not limited to the space on the	
(If you have nothing to report, write "none" or "n/a")					on this form. Attach additional s, if necessary.	
12430 McGregor Blv	a, Ft. Myers,	FL 33919		4	3 INSTRUCTIONS for when	
				and w	here to file this form are d at the bottom of page 2.	
					RUCTIONS on who must file	
				this fo	orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		of deposit, etc See ins	tructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
N/A							
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
N/A							
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a")	S ENTITY # 1	inesses - See instructions]  BUSINESS ENTITY # 2				
ADDRESS OF BUSINESS ENTITY	1113 SE 47th Ter, #5, Cape Coral						
PRINCIPAL BUSINESS ACTIVITY	Title Insurance						
POSITION HELD WITH ENTITY	Agent-in-Charge						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes						
NATURE OF MY OWNERSHIP INTEREST	Partner						
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 SHE	ET, PLEASE CHECK HERE				
SIGNATURE OF FILER: Signature:  Date Signed:		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 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.					
· ·		CPA/Attorney Signature	e:				
August 4, 2021		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

**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, 2020.