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 Drundage MAILING ADDRESS: 4513 SW 2	Betty J 4th AVP	
NAME OF AGENCY: Southwest FL We name of Office or Position Held Board Men CHECK ONLY IF CANDIDATE	ZIP: COUNTY: 33914 Lee Orkforce Develop Beaud OOR SOUGHT: NOON NEW EMPLOYEE OR APPOINTEE	23.IIN12#W0911 SOE Lee Co F1
	** THIS SECTION MUST BE COMPLETED) ****
DISCLOSURE PERIOD:	R FINANCIAL INTERESTS FOR CALENDAR YEAR ENI	
FEWER CALCULATIONS, OR USIN (see instructions for further details). COMPARATIVE (PE	OME [Major sources of income to the reporting person - See ins	LY BASED ON PERCENTAGE VALUES AR VALUE THRESHOLDS
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Securit	LPLFinancial, Atmo	pers NA
	other sources of income to businesses owned by the reporting pe	erson - See instructions]
(If you have nothing to repo NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Detngelis Diamon	d Construction 6/035 W	illow Construction
J	Park Dr.,	N*ples,FL
PART C REAL PROPERTY [Land, bui (If you have nothing to report	Idings owned by the reporting person - See instructions] t, write "none" or "n/a")	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
	U/A	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
·	l	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bone (If you have nothing to report, write "none" or "n/c"		tructions]	
TYPE OF INTANGIBLE	•	WHICH THE PROPERTY RELATES	
,			
NA	NA		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a	a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
01/0-	0//1		
WIN	W/A		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownersh (If you have nothing to report, write "none" or "n/a"		inesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY		11	
PRINCIPAL BUSINESS ACTIVITY	- h / A	X ///	
POSITION HELD WITH ENTITY	10/14	/	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>.</i>	/	
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:		ORNEY SIGNATURE ONLY	
Signature: Betty 9, Bamde	in good standing with the she must complete the 1, Form 1 in accordance with instructions to the form.	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: 1,	
Date Signed:	disclosure nerein is true	е апо соггест.	
6/7/23	 	CPA/Attorney Signature:	
The second secon	Date Signed:	Date Signed:	
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Ethics or a	County Candidates file this form	together with their filing papers	

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.

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 not 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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