FORM 1	STATEMENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
Bry SON Mil MAILING ADDRESS: 3130 211 S	NAME: dred T.		*23.UN089#(
CITY: 3	3916 Lee ZIP: COUNTY:		23.JUN089M0849 SOE Lee Cof	
1/1:2		<u> </u>	G H	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	06/06		
DIGGEOGGIE PERIOD.	* THIS SECTION MUST BE COMPL R FINANCIAL INTERESTS FOR CALENDAR YEAR		ECEMBER 31, 2022.	
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	D	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
FIG	2829 Allen PWKy HOUSTO	,	NUTAL	
1 51	2001 12th Ave Birmingham	On G	ov	
L	P.O. Box 5090 43 Sanding	O NAT	7415	
PART B SECONDARY SOURCES OF IN	COME			
[Major customers, clients, and ot (If you have nothing to report,	ther sources of income to businesses owned by the report write "none" or "n/a")	ting person - See	e instructions]	
NAME OF NA BUSINESS ENTITY	ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	1/2/10			
	1000			
PART C REAL PROPERTY (I and building	gs owned by the reporting person - See instructions]			
(If you have nothing to report, w	rite "none" or "n/a")	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
2724 Round Tre	e Charlet K F1	and w	INSTRUCTIONS for when here to file this form are dat the bottom of page 2.	
CE FORM 1 - Effective: January 1, 2023		■ this fo	UCTIONS on who must file rm and how to fill it out on page 3.	
Incorporated by reference in Rule 34-8.202(1), F.A.C.	(Continued on reverse side)		PAGE 1	

,			<u></u>		
PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none		es of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Saving / Cerz	Bank	America			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
. , F. ₂		011/0 -			
	10	0/02			
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			·		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	1/01/2				
POSITION HELD WITH ENTITY	100				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers, a agency created under Part III, Chapter 163 required to co	appointed school su amplete annual ethic	perintendents, and commi s training pursuant to section	ssioners of a community redevelopment on 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:			
Meldiec Bryson		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:					
5/6/23		CPA/Attorney Signature:			
		Date Signed:			
FILING INSTRUCTIONS:		•			
If you were mailed the form by the Commission on Eth	nice or a County t	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 meil and email. Choose only one illing method. Form its will not be accepted via email.

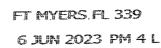
MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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.







FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

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