FORM 1	STATEM	IENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLI	E NAME :			
MAILING ADDRESS :				
	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			
CHECK ONLY IF CANDIDATE				
*	*** THIS SECTION MUS		**** ۲	
DISCLOSURE PERIOD:		_		
THIS STATEMENT REFLECTS YO			DING DE	CEMBER 31, 2021.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US	SING REPORTING THRESHOL	DS THAT ARE ABSOLUTE		
FEWER CALCULATIONS, OR USI (see instructions for further details).				D ON PERCENTAGE VALUES
COMPARATIVE (PI	ERCENTAGE) THRESHOLDS	<u>OR</u> DOLL	AR VALU	JE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to repo		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	-	JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting pe	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS
				ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			INSTR this fo	CUCTIONS on who must file form and how to fill it out on page 3.

(If you have nothing to report, write "none" or "n/a")	• •	tructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO M	/HICH THE PROPERTY RELATES	
PART E — LIABILITIES [Major debts - See instructions]			
(If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos	itions in cortain types of hus	inassas - Saa instructions]	
(If you have nothing to report, write "none" or "n/a")	NESS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		BUSINESS ENTIT # 2	
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
PART G — TRAINING For elected municipal officers, appointed school agency created under Part III, Chapter 163 required to complete annual eth	nics training pursuant to section	on 112.3142, F.S.	
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:	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,		
Date Signed:	in good standing with the she must complete the I,	he Florida Bar prepared this form for you, he or following statement: , prepared the CE vith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.	
	in good standing with the she must complete the I,	he Florida Bar prepared this form for you, he or following statement: , prepared the CE vith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.	
	in good standing with the she must complete the I,	he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.	
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.	in good standing with the she must complete the l,	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission	
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	<ul> <li>in good standing with the she must complete the she must conduct on the form. If the she must be she way instructions to the form. If the she must be she way instructions to the form. The she way is the she way instruction of the she way instructions is the she way instructions to the form. The she way is the</li></ul>	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission	