| FORM 1   | STATEM  | STATEMENT 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 MIDE  | DLE NAME :  |  |   |   |  |
| Camel Drummond Doug  | glas  |  |   |   |  |
| MAILING ADDRESS  |   |  |   |   |  |
| 17788 Oakmont Ridge Circle   | e<br>   |  |   |   |  |
|  |   |  |   |   |  |
| CITY:  | ZIP: COUNTY:  |  |   |   |  |
| Fort Myers  NAME OF AGENCY:  | 33967 Lee   |  |   |   |  |
| SWFL Workforce Developm  | ent Roard   |  |   |   |  |
| NAME OF OFFICE OR POSITION H   |   |  |   |   |  |
| Board Member   | ILLD OK GOOGITI   |  |   |   |  |
| CHECK ONLY IF  | OR NEW EMPLOYEE OF  | RAPPOINTEE   |   |   |  |
| **** THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.  |   |  |   |   |  |
| FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR Usee instructions for further details   | G REPORTABLE INTERESTS: USING REPORTING THRESHOL SING COMPARATIVE THRESHO s). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS | DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one) | LY BASE   |   |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  |   |  |   |   |  |
| 70 E 975   | eport, write "none" or "n/a")   |  |   |   |  |
| NAME OF SOURCE<br>OF INCOME  |   | URCE'S<br>DRESS  | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |   |  |
| Lee FP Inc dba Cypress Livi  | ng 9800 S HealthPark Dr   | ive #310, Fort Myers   | Management Company                                      |   |  |
|  |   |  |   |   |  |
|  |   | 24.34  |   |   |  |
|  |   |  |   |   |  |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") |   |  |   |   |  |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME  | ADDRESS<br>OF SOURCE   |   | PRINCIPAL BUSINESS ACTIVITY OF SOURCE   |  |
| N/A  | 222 <b>_3333</b> _  | 3. 000/102   |   | 37 335132   |  |
|  |   |  |   |   |  |
|  |   |  |   |   |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  N/A  |   |  | lines d   | le not limited to the space on the on this form. Attach additional s, if necessary.   |  |
|  |   |  | and w   | G INSTRUCTIONS for when the control of the control |  |
|  |   |  | INSTR<br>this fo  | RUCTIONS on who must file orm and how to fill it out on page 3.   |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [S<br>(If you have nothing to report, write "no         | tocks, bonds, certificates of denemor "n/a")                | eposit, etc See ins   | structions]                                      |  |
|---|---|---|--|--|
| 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 "no | ns]<br>ne" or "n/a")  |   |  |  |
| NAME OF CREDITOR  | ADDRESS OF CREDITOR   |   |  |  |
| Wells Fargo   | Fort Myers, FL  |   |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES<br>(If you have nothing to report, write "none     | [Ownership or positions in c<br>" or "n/a")<br>BUSINESS ENT |   | inesses - See instructions]  BUSINESS ENTITY # 2 |  |
| NAME OF BUSINESS ENTITY   | N/A   |   | BOSINESS ENTITY # 2                              |  |
| ADDRESS OF BUSINESS ENTITY  | N/A   |   |  |  |
| PRINCIPAL BUSINESS ACTIVITY   | N/A   |   |  |  |
| POSITION HELD WITH ENTITY   | N/A   |   |  |  |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS   | N/A   |   |  |  |
| NATURE OF MY OWNERSHIP INTEREST   | N/A   |   |  |  |
|   | HAVE COMPLETE   | D THE REQU  | n 112.3142, F.S.<br>JIRED TRAINING.              |  |
| IF ANY OF PARTS A THROUGH G ARE   |   | Charles and the second  |  |  |
| Signature:  Date Signed: 27/2022  |   | 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, |  |  |
| FILING INSTRUCTIONS:  | Date  |   |  |  |
| If you were mailed the form by the Commission on Et   | hics or a County Candid                                     | atoc file this face t   | and a with the infer                             |  |

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). 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.

e 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, 2021.