FORM 1	STATEM	IENT OF		2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL		Г	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME : FORD			
MAILING ADDRESS : 800 DUNLOP ROAD				
CITY : SANIBEL NAME OF AGENCY :	ZIP : COUNTY : 33957 LEE			
CITY OF SANIBEL				
NAME OF OFFICE OR POSITION HEL DEPUTY CITY MANAGER/C				
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE		
** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU				CEMBER 31, 2022.
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	ING REPORTING THRESHOL NG COMPARATIVE THRESHOL CHECK THE ONE YOU ARE U	LDS, WHICH ARE USUAL JSING (must check one):	LY BASE	
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to			
(If you have nothing to repo NAME OF SOURCE		JRCE'S	DI	ESCRIPTION OF THE SOURCE'S
OF INCOME	ADI 800 DUNLOP RD, SA	DRESS NIBEL FL	PRINCIPAL BUSINESS ACTIVITY MUNICIPAL CORPORATION	
PART B SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to repo NAME OF BUSINESS ENTITY	d other sources of income to busines	sses owned by the reporting pe ADDRESS OF SOURCE	rson - Se	e instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE				
PART C REAL PROPERTY [Land, bu (If you have nothing to repo	ildings owned by the reporting perso rt, write "none" or "n/a")	n - See instructions]	lines of	re not limited to the space on the on this form. Attach additional s, if necessary.
NONE			and w	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.
			this f	RUCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, but (If you have nothing to report, write "none" or "	"n/a")	•	-		
TYPE OF INTANGIBLE DEFINED CONTRIBUTIONS PLAN VAR	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES VARIOUS INVESTMENTS HELD IN 401A/457 PLANS				
			JIN 401A/45/ FLAINS		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "	'n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
LOWER (HOME MORTGAGE) 8621	Robert Fult	Fulton Drive, Suite 150, Columbia, Maryland 21046			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Owner (If you have nothing to report, write "none" or "n/	/a")	s in certain types of bus S ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY NON	NE		NONE		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			ļ		
NATURE OF MY OWNERSHIP INTEREST			<u> </u>		
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:		CPA or ATT(ORNEY SIGNATURE ONLY		
Signature:					
Signature:			ountant licensed under Chapter 473, or attorney ne Florida Bar prepared this form for you, he or		
Ato C. Chaipel		in good standing with th she must complete the I, Form 1 in accordance v	buntant licensed under Chapter 473, or attorney the 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		
		in good standing with th she must complete the I, Form 1 in accordance v instructions to the form.	buntant licensed under Chapter 473, or attorney the 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.		
Ato C. Chaipel		in good standing with the she must complete the I, Form 1 in accordance with instructions to the form. disclosure herein is true	buntant licensed under Chapter 473, or attorney the 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:		in good standing with the she must complete the I,	buntant licensed under Chapter 473, or attorney the 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: 6/27/2023	return the osition falls 1 v or	in good standing with the she must complete the I,	buntant licensed under Chapter 473, or attorney the 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. 		

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.