FORM 1	STATEM	ENT 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	NAME :		
MAILING ADDRESS :			
		Receiv	ved: n/Legislative Department
CITY :	ZIP : COUNTY :		r, February 17, 2023 5:36 p.m.
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :		
CHECK ONLY IF CANDIDATE	OR DINEW EMPLOYEE OR	APPOINTEE	
** DISCLOSURE PERIOD:	*** THIS SECTION <u>MUS</u>	T BE COMPLETED	****
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	R CALENDAR YEAR END	ING DECEMBER 31, 2022.
FEWER CALCULATIONS, OR USII (see instructions for further details).	SING REPORTING THRESHOLD NG COMPARATIVE THRESHOL CHECK THE ONE YOU ARE U	DS, WHICH ARE USUALL ISING (must check one) :	DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES
COMPARATIVE (PE PART A PRIMARY SOURCES OF ING	ERCENTAGE) THRESHOLDS		
(If you have nothing to repo			
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
(If you have nothing to rep NAME OF	d other sources of income to busines ort, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE		tructions]		
	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	tions in certain types of bus	inesses - See instructions]		
(If you have nothing to report, write "none" or "n/a")	IESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY		BOOINEOU ENTITI # 2		
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
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		·		
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,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the			
	she must complete the I, Form 1 in accordance v	he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the		
Date Signed:	she must complete the I, Form 1 in accordance v	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:	she must complete the I, Form 1 in accordance v instructions to the form. disclosure herein is true	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.		
	she must complete the I, Form 1 in accordance v instructions to the form. disclosure herein is true CPA/Attorney Signature	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.	she must complete the I, Form 1 in accordance v instructions to the form. disclosure herein is true CPA/Attorney Signature Date Signed: Candidates file this form MULTIPLE FILING UNN 1 with a qualifying officer	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission		
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	she must complete the I,	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission		