FORM 1	STATEN	MENT OF	2021		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL		FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDDLE COSHEN JESSI	-				
MAILING ADDRESS:					
CITY: Cape Copal	33909 COUNTY:	Lee			
NAME OF AGENCY: City of Cape (oral				
NAME OF OFFICE OR POSITION HELD	0 .1 ~				
	OR NEW EMPLOYEE OF	RAPPOINTEE			
	* THIS SECTION MUS	ST BE COMPLETED	****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	ING DE	CEMBER 31, 2021.	
MANNER OF CALCULATING RIFILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details).	NG REPORTING THRESHOL G COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE			
	RCENTAGE) THRESHOLDS		AR VALU	JE THRESHOLDS	
PART A - PRIMARY SOURCES OF INCO		the reporting person - See instr	uctions]		
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Pace Center For GiTIS	3800 Evans Avenue,	Fort Myers FL	School		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to busine	sses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
N/A	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
	INSTR	a at the bottom of page 2.			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none		ertificates	of deposit, etc See inst	tructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
N/A							
PART E — LIABILITIES [Major debts - See instructions				7 - V - 40 - 40 - 40 - 40 - 40 - 40 - 40			
(If you have nothing to report, write "none	" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR						
Rocket Mortgage	1050 Woodward Avenue, Detroit, MI						
Truist Bank	2510	2510 Santa Bubara Blvd. Cape Coral					
PART F — INTERESTS IN SPECIFIED BUSINESSES [((If you have nothing to report, write "none") NAME OF BUSINESS ENTITY	or "n/a")		s in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY		19/1					
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment 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 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:				
Jessis løden			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:			CPA/Attorney Signature:				
6/1/2011			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.

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 mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file 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 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.