FORM 1	STATEM	IENT OF	2022	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERES		INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE				
1405 NE 91 St				
CITY: Cape Cond ZIP: 33909 COUNTY: Lee				
NAME OF AGENCY: City of Cape Coral				
NAME OF OFFICE OR POSITION HELD				
CHECK ONLY IF CANDIDATE	OR DINEW EMPLOYEE OR	APPOINTEE		
*** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	** THIS SECTION MUS			
FEWER CALCULATIONS, OR USIN (see instructions for further details).	NG REPORTING THRESHOLI G COMPARATIVE THRESHOL	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL JSING (must check one) :	E DOLLAR VALUES, WHICH REQUIRE LLY BASED ON PERCENTAGE VALUE AR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to report		the reporting person - See inst	tructions]	
NAME OF SOURCE OF INCOME	I SOL	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Pare Center for Grins	3800 EVENS AVE	, Fort Myers	School	_
				-
PART B – SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	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	
N/A				
1				
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.	e
····///			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.	

PART D - INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific	cates of deposit, etc See instructions]			
(If you have nothing to report, write "none" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
IRA	WealthFront			
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NIA				
	iti an antain turan of husing and the first state of the			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a")				
BUSI	NESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	N/ /			
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				
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:			
Jessin loden	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the			
flooren vanser	instructions to the form. Upon my reasonable knowledge and belief, the			
Date Signed:	disclosure herein is true and correct.			
	CPA/Attorney Signature:			
6-15-2023	Date Signed:			
EL INCINCTDUCTIONS.				
FILING INSTRUCTIONS:	On the term for this form to ach an eith the in filling moments			
If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the	Candidates file this form together with their filing papers. MULTIPLE FILING UNNECESSARY: A candidate who files a Form			
form to that location. To determine what category your position falls under, see page 3 of instructions.	1 with a qualifying officer is not required to file with the Commission			
Local officers/employees file with the Supervisor of Elections	or 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	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the			
where your agency has its headquarters.) Form 1 filers who file with	date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to			
the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to	confirmation, even if that is less than 30 days from the date of their			
use. Do not email your form to the Commission on Ethics, it will be	appointment. Candidates must file at the same time they file their qualifying			

papers.

hold their positions.

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.

if the filer was in his or her position on December 31, 2022.

Thereafter, file by July 1 following each calendar year in which they

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