FORM 1	STATE	MENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIA	L INTERES	TS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL COX Charles	Parnell Sr			
MAILING ADDRESS: 3963 Ashentr	ce Ct.			
NAME OF AGENCY:	33916 COUNT	Lee		,
Waterford Landing		trict		
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT: Scat	#3		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE	OR APPOINTEE	V	
CISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	*** THIS SECTION M JR FINANCIAL INTERESTS			
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	EPORTABLE INTEREST	S: DLDS THAT ARE ABSOL HOLDS, WHICH ARE US E USING (must check o	LUTE DOLL, SUALLY BAS one):	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income	to the reporting person - See	e instructions]	TOL TIMESHOLDS
NAME OF SOURCE OF INCOME	l s	OURCE'S DDRESS	0	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security Admin	4220 Exec Cir	F+Myers FL 339		ial Security
INT - Raymond Same	5 ZZ4 Canyon Ave			estment-svcs
		CO 90521		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to the	esses owned by the reporting	g person - Se	e instructions]
111115 0-	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS		PRINCIPAL BUSINESS
NA	TOTAL	OF SOURCE		ACTIVITY OF SOURCE
,				
PAGT C. DEAL ST				
PART C REAL PROPERTY [Land, building (If you have nothing to report,	ngs owned by the reporting perso write "none" or "n/a")	on - See instructions]	lines of	e not limited to the space on the not limited to the space on the this form. Attach additional if necessary.
			FILING and wh	INSTRUCTIONS for when lere to file this form are if at the bottom of page 2.
FOFM 1 - Effective: January 1 2022			INSTRU	JCTIONS on who must file m and how to fill it out

TYPE OF INTANGIBLE	ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A		NESS LIVILLI TO THE	HICH THE PROPERTY RELATES
		-	
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non	s] e" or "n/a")		
NAME OF CREDITOR	I	ADDRESS	OF CREDITOR
Suncoast Federal CU	POBOX 11904		
	TUDON II VO	rownper, 1 a	- 33660
PART F — INTERESTS IN SPECIFIED BUSINESSES (
PART F — INTERESTS IN SPECIFIED BUSINESSES [I	or maj		esses - See instructions]
NAME OF BUSINESS ENTITY	BUSINESS ENT	/ITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	14/51		N/H
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 closted municipals (C)	the state of the s		
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to co			
U I CERTIFY THAT I	HAVE COMPLETE	D THE REQUI	DED TO AIRINA
IF ANY OF PARTS A THROUGH G ARE	HAVE COMPLETE	D THE REQUI	RED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SI	EPARATE SHEET	, PLEASE CHECK HERE
IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE	CONTINUED ON A SI	EPARATE SHEET CPA or ATTOR	RNEY SIGNATURE ONLY
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SI	EPARATE SHEET CPA or ATTOR Certified public account	RNEY SIGNATURE ONLY
IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE	CONTINUED ON A SI	EPARATE SHEET CPA or ATTOR certified public account and standing with the F	RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorney
IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE	CONTINUED ON A SI R: If a cin go she ri	EPARATE SHEET CPA or ATTOR certified public account and standing with the F must complete the follow	RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or owing statement:
SIGNATURE OF FILES Signature: Marles Parts a through G are SIGNATURE OF FILES Signature:	CONTINUED ON A SI R: If a cin go she ri I, Form instru	CPA or ATTOR Certified public account and standing with the F must complete the follow and in accordance with sections to the form. How	RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or owing statement: Section 112.3145, Florida Statutes, and the
SIGNATURE OF FILES Signature: Charles Pool	CONTINUED ON A SI R: If a cin go she ring construction in struction	CPA or ATTOR Certified public account and standing with the F must complete the follow	RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or owing statement: Section 112.3145, Florida Statutes, and the
SIGNATURE OF FILES Signature: Charles Pool	CONTINUED ON A SI R: If a cin go she ring construction in struction	CPA or ATTOR Certified public account and standing with the F must complete the follow and in accordance with sections to the form. How	RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or owing statement: Section 112.3145, Florida Statutes, and the
SIGNATURE OF FILES Signature: Marles Parts a through G are SIGNATURE OF FILES Signature:	R: If a cin go sher in structured in Struct	CPA or ATTOR Certified public account and standing with the F must complete the follo and in accordance with actions to the form. Upon cosure herein is true and	RNEY SIGNATURE ONLY tant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or owing statement: Section 112.3145, Florida Statutes, and the

upervisor 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, Tallal assee, 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.

orm 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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.