FORM 1	STATEN	AENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	Γ	FOR OFFICE USE ONLY:	
MAILING ADDRESS: 318 SE. 2154 St Cape Cocal CITY:	FI. 33990 ZIP: COUNTY:	Lee			
NAME OF AGENCY : Cancil Menbe NAME OF OFFICE OR POSITION HELI CHECK ONLY IF CANDIDATE	O OR SOUGHT:	RAPPOINTEE			
	/		****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING R		OR CALENDAR YEAR END		CEMBER 31, 2022.	
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	G COMPARATIVE THRESHO	DLDS, WHICH ARE USUALL USING (must check one):	Y BASE		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF SOURCE OF INCOME	I SC	URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Astro Durance Bunke Studio 1025 Santa Partara RILD Witg					
City of Cape Coral	2 195 Caltu	ral Park \$1VM	#P		
e a see and an a day showing a second					
PART B – SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Astro Durance Bungertita	our budies	1025. SALLE Barbara	BUD.	40.79	
Patty's Enterprises	l	1025 Sanda B	arboa	BIND Likeita	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
N/A			FILING and w	B INSTRUCTIONS for when here to file this form are d 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, certified (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE		ructions] HICH THE PROPERTY RELATES		
N/A	BUSINESS ENTITY IO WI	NUCH 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			
NA				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a") BUSI	itions in certain types of busin	nesses - See instructions] BUSINESS ENTITY # 2		
A	Astro-Durance Burges Autor Astro-Durance Burges Su			
	& Barbara BID	0		
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY		CED		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		Ves		
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH G ARE CONTINUED 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: 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:	CD4/Atterney Circeburg		
June 14,2073				
	Date Signed:			
FILING INSTRUCTIONS:				
f 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.	<i>Candidates</i> file this form together with their filing papers. <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.			
Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Flonda, 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	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 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.			
<u>eturned</u> . <b>State officers or specified state employees</b> who file with the Commission on Ethics may file by mail or email. To file by mail,	<b>Candidates</b> must file at the same time they file their qualifying papers. <b>Thereafter</b> , file by July 1 following each calendar year in which they			
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. <u>Do not file by both mail and email. Choose only one filing method</u> . Form 6s will not be accepted via email.	hold their positions. <b>Finally</b> , 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.			