FORM 1

STATEMENT OF

7	n	1	n
	U	L	U

FINANCIAL INTERESTS

address, agency name, and position belo	ow:	INTERESTS	'	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID	DDLE NAME :			
Jagna Sue	Daniels			
MAILING ADDRESS :	- C/11/C/15			
2021 Xelda Av	e N.			
CITY:	ZIP: COUNTY	:		
Lehigh Acres	33971	Lee		
NAME OF AGENCY :	0			
NAME OF OFFICE OR POSITION	al Employees Pens	ion Board		
0 1 1 1				
CHECK ONLY IF CANDIDAT		DR APPOINTEE		
			- 11	
DISCLOSURE PERIOD:	**** THIS SECTION MU	<u>IST</u> BE COMPLETEI) ****	
	YOUR FINANCIAL INTERESTS I	FOR CALENDAR YEAR EN	DING DE	CEMBER 31, 2020.
MANNER OF CALCULATIN	G REPORTABLE INTERESTS	S:		
	USING REPORTING THRESHO		E DOLLAF	R VALUES, WHICH REQUIRES
	JSING COMPARATIVE THRESH			D ON PERCENTAGE VALUES
`	ils). CHECK THE ONE YOU ARE			
□ COMPARATIVE	(PERCENTAGE) THRESHOLDS	OR 🗷 DOLL	AR VALU	JE THRESHOLDS
DADT A DRIMARY SOURCES OF	INCOME [Major sources of income t	the reporting person - See inc	tructions	
	report, write "none" or "n/a")	o the reporting person - oee ms		
(If you have nothing to	report, write "none" or "n/a")		_	SCRIPTION OF THE SOLIDOE'S
	report, write "none" or "n/a")	DURCE'S DDRESS	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE	report, write "none" or "n/a")	DURCE'S DDRESS	DE PI	
(If you have nothing to NAME OF SOURCE	report, write "none" or "n/a") Si	DURCE'S DDRESS	DE PI	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE	report, write "none" or "n/a") Si	DURCE'S DDRESS	DE PI	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE	report, write "none" or "n/a") Si	DURCE'S DDRESS	DE PI	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME City of Foot Myers PART B SECONDARY SOURCE	s of Income	DURCE'S DDRESS L. Ft Myers, FL	DE Pi	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME City of Fort Myers PART B SECONDARY SOURCE [Major customers, clients	report, write "none" or "n/a") State of the	DURCE'S DDRESS L. Ft Myers, FL	DE Pi	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME City of Fort Myers PART B SECONDARY SOURCE [Major customers, clients	s of INCOME, and other sources of income to busin	DURCE'S DDRESS L. Ft Myers, FL	DE Pi	RINCIPAL BUSINESS ACTIVITY
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to	S OF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES	DURCE'S DDRESS A. Ft Myers, FL esses owned by the reporting per	DE Pi	instructions]
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to	S OF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES	DURCE'S DDRESS A. Ft Myers, FL esses owned by the reporting per	DE Pi	instructions]
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to	S OF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES	DURCE'S DDRESS A. Ft Myers, FL esses owned by the reporting per	DE Pi	instructions]
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	S OF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES	DURCE'S DDRESS A. F. Myers, FL esses owned by the reporting per ADDRESS OF SOURCE	DE Pl	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lance	S OF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	DURCE'S DDRESS A. F. Myers, FL esses owned by the reporting per ADDRESS OF SOURCE	Person - See	instructions]
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lance	SOF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	DURCE'S DDRESS A. F. Myers, FL esses owned by the reporting per ADDRESS OF SOURCE	You are lines o sheets	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the not his form. Attach additional
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lance	SOF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	DURCE'S DDRESS A. F. Myers, FL esses owned by the reporting per ADDRESS OF SOURCE	You are lines o sheets FILING and w	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the not this form. Attach additional if necessary.
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lance	SOF INCOME s, and other sources of income to busin report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	DURCE'S DDRESS A. F. Myers, FL esses owned by the reporting per ADDRESS OF SOURCE	You are lines o sheets.	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional if necessary. INSTRUCTIONS for when here to file this form are

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NIA						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s] e" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
NIA						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	NIA					
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 SHE	ET, 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:				
Data Slave		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	E			
	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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.