FORM 1	STATEM	IENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME :				
Daniels, JoAnn Sue					
MAILING ADDRESS :					
2021 Xelda Ave N.					
Lehigh Acres	ZIP :         COUNTY :           33971         Lee				
NAME OF AGENCY : Ft. Myers General Employees I	Pension Board				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :				
Pension Board Trustee CHECK ONLY IF CANDIDATE					
		APPOINTEE			
** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FC			CEMBER 31, 2022.	
MANNER OF CALCULATING RFILERS HAVE THE OPTION OF USFEWER CALCULATIONS, OR USIN(see instructions for further details).COMPARATIVE (PE)	SING REPORTING THRESHOL	DS, WHICH ARE USUA	LLY BASE ::	-	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		he reporting person - See ins	structions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
City of Ft. Myers	2200 Second Street, Ft				
PART B SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to rep NAME OF BUSINESS ENTITY	d other sources of income to busines	ses owned by the reporting p ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.	
N/A			and w	G INSTRUCTIONS for when here to file this form are ad at the bottom of page 2.	
			this fo	RUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	cates of deposit, etc See instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/A			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a")	itions in certain types of businesses - See instructions]		
NAME OF BUSINESS ENTITY			
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			
	PLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature:	<b>CPA or ATTORNEY SIGNATURE ONLY</b> 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:		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY  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		
SIGNATURE OF FILER: Signature:	CPA or ATTORNEY SIGNATURE ONLY  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.		
SIGNATURE OF FILER: Signature: <u>JoAnn Daniels</u>	CPA or ATTORNEY SIGNATURE ONLY  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.  CPA/Attorney Signature:		
Signature: JoAnn Danisls Date Signed: 7/31/2023	CPA or ATTORNEY SIGNATURE ONLY  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.		
SIGNATURE OF FILER: Signature: JoAnn Danisls Date Signed: 7/31/2023 FILING INSTRUCTIONS:	CPA or ATTORNEY SIGNATURE ONLY         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,		
Signature: JoAnn Danisls Date Signed: 7/31/2023	CPA or ATTORNEY SIGNATURE ONLY         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,		
Signature: JoAnn Danisla Date Signed: 7/31/2023 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 for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be	CPA or ATTORNEY SIGNATURE ONLY         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:         1,		
Signature: JoAnn Daniala Date Signed: 7/31/2023 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 for the mailing address or email address to	CPA or ATTORNEY SIGNATURE ONLY         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,		