FORM 1	STATEM	IENT OF		2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLI	E NAME :			
MAILING ADDRESS :				
CITY :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE		
* DISCLOSURE PERIOD:	*** THIS SECTION MUS	<u>ST</u> BE COMPLETEI) ****	
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE	
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to	·		
(If you have nothing to repo NAME OF SOURCE OF INCOME	I SOI	URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busine	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
PART C REAL PROPERTY [Land, bu (If you have nothing to repo		on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
			FILING and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			this fo	UCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific	ates of deposit, etc See ins	structions]	
(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	BUSINESS ENTITY TO V	VHICH 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		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a") BUSIN	tions in certain types of bus	sinesses - See instructions] BUSINESS ENTITY # 2	
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			
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE 🛛 🗋	
SIGNATURE OF FILER: Signature:	CPA or ATT If a certified public acco	ORNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement:	
SIGNATURE OF FILER:	CPA or ATT If a certified public accordin good standing with the she must complete the I,	ORNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the	
SIGNATURE OF FILER: Signature:	CPA or ATT If a certified public accordin good standing with the she must complete the I,	ORNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.	
SIGNATURE OF FILER: Signature: Laura DeSruce	CPA or ATT If a certified public accord in good standing with the she must complete the I, Form 1 in accordance with instructions to the form disclosure herein is true	ORNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.	
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Signature: Laura DeSruce Date Signed: June 30, 2023	CPA or ATT If a certified public accordin good standing with the she must complete the I,	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement:	
Signature: Laura Describeration Laura Describeration Date Signed: June 30, 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. 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	CPA or ATT(If a certified public acco in good standing with the she must complete the I,	ORNEY SIGNATURE ONLY Duntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement:	
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