FORM 1	STATEN	IENT OF		2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	IAME :			
Doeble - Gina - Baratta				
MAILING ADDRESS :				
11524 Grey Egret Circle				
Fort Myers	3966 Lee			
CITY : Florida SouthWestern State Co	ZIP : COUNTY : llege			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :			
		R APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF USIN FEWER CALCULATIONS, OR USING (see instructions for further details).	PORTABLE INTERESTS	OR CALENDAR YEAR END : .DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALL USING (must check one) :	ing de Dollai Y base	R VALUES, WHICH REQUIRES
PART A PRIMARY SOURCES OF INCO (If you have nothing to report		the reporting person - See instru	uctions]	
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Florida SouthWestern State College	8099 College Parkway, F	ort Myers, Fl 33919	Vice President of Operations/CFO	
				······
(If you have nothing to report	other sources of income to busine	SSES owned by the reporting per ADDRESS OF SOURCE	son - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, build (If you have nothing to report,		on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
NONE	·····		and w	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, certified (If you have nothing to report, write "none" or "n/a")	cates of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES	
NONE			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
NONE			
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 bus	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
		· · · · · · · · · · · · · · · · · · ·	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers, appointed school agency created under Part III, Chapter 163 required to complete annual et			
	PLETED THE REQ	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUED			
Signature:	CPA or ATT	ORNEY SIGNATURE ONLY puntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or	
SIGNATURE OF FILER:	CPA or ATT If a certified public accord in good standing with the she must complete the I, Form 1 in accordance instructions to the form	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 according good standing with the she must complete the I, Form 1 in accordance of instructions to the form disclosure herein is true.	ORNEY SIGNATURE ONLY ountant 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: Min Doeble	CPA or ATT If a certified public accord in good standing with the she must complete the I, Form 1 in accordance instructions to the form	ORNEY SIGNATURE ONLY ountant 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: Mun Doeble Date Signed:	CPA or ATT If a certified public according good standing with the she must complete the I, Form 1 in accordance of instructions to the form disclosure herein is true.	ORNEY SIGNATURE ONLY ountant 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: Mun Doeble Date Signed:	CPA or ATT If a certified public according of standing with the she must complete the I, Form 1 in accordance of instructions to the form disclosure herein is true. CPA/Attorney Signature	ORNEY SIGNATURE ONLY ountant 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: Mui Doeble Date Signed: August 11, 2021	CPA or ATT(If a certified public acco in 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: Jate Signed: August 11, 2021 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 ATT If a certified public acco in good standing with th 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: Jacobia Double Date Signed: August 11, 2021 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 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	CPA or ATT(If a certified public acco in good standing with th 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:	