FORM 1	STATEM	IENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	<b>INTERESTS</b>	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD	LE NAME :	1		
Doeble - Gina - Baratta MAILING ADDRESS :				
3896 King Edwards Street				
8				
Fort Myers,	33916 Lee COUNTY:			
Florida SouthWestern Stat				
NAME OF AGENCY :	c conege			
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT :			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		
	**** THIS SECTION MUS	T BE COMPLETE	D ****	
DISCLOSURE PERIOD:				20514D5D 04 0004
THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2021.
MANNER OF CALCULATING				
FILERS HAVE THE OPTION OF L FEWER CALCULATIONS, OR US				
(see instructions for further details				LD ON PENCENTAGE VALUES
□ COMPARATIVE (F	PERCENTAGE) THRESHOLDS	OR DOL	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF II	NCOME [Major sources of income to	the reporting person - See ins	structions]	
NAME OF SOURCE	•	JRCE'S	ı DF	ESCRIPTION OF THE SOURCE'S
OF INCOME		DRESS	PRINCIPAL BUSINESS ACTIVITY	
Florida SouthWestern State Co	llege 8099 College Parkway,	Fort Myers 33919	Vice President/Chief Financial Office	
	OF INCOME and other sources of income to busines port, write "none" or "n/a")	ses owned by the reporting p	erson - See	e instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		. PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, b] (If you have nothing to rep	ouildings owned by the reporting personort, write "none" or "n/a")	n - See instructions]	lines o	re not limited to the space on the on this form. Attach additional s, if necessary.
			ı	G INSTRUCTIONS for when
NONE			and where to file this form are located at the bottom of page 2.	
				RUCTIONS on who must file
			this fo	orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates ( e" or "n/a")	of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NONE						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
NONE						
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						
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						
SIGNATURE OF FILE	<u>:R:</u>		DRNEY 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:				
Min Doeble		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	):			
June 6, 2022		Date Signed:				

## <u>FILING INSTRUCTIONS:</u>

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.