FORM 1	STATEM	IENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	E NAME :			
MAILING ADDRESS :				
CITY :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			
CHECK ONLY IF CANDIDATE		R APPOINTEE		
*:	*** THIS SECTION MUS	<u>E COMPLETEI</u>	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2021.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING <b>(must check one)</b>	LY BASE	
PART A PRIMARY SOURCES OF IN (If you have nothing to repo		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	I SO	JRCE'S DRESS		ESCRIPTION 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 po	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		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.
			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.

(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		
	itions 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			
agency created under Part III, Chapter 163 required to complete annual et I CERTIFY THAT I HAVE COM IF ANY OF PARTS A THROUGH G ARE CONTINUED	PLETED THE REQ	UIRED TRAINING.	
SIGNATURE OF FILER:		ORNEY SIGNATURE ONLY	
Signature:	If a certified public acc in good standing with t she must complete the I, Form 1 in accordance	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	
Date Signed:	<ul> <li>instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.</li> <li>CPA/Attorney Signature:</li></ul>		
	CPA/Attorney Signature	e and correct.	
	, ,	e and correct.	
	CPA/Attorney Signatur	e and correct.	
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.	Date Signed:      Candidates file this form     MULTIPLE FILING UNN     1 with a qualifying office	e and correct. e: h together with their filing papers. IECESSARY: A candidate who files a Form r is not required to file with the Commission	
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	Date Signed:      Date Signed:      Candidates file this form     MULTIPLE FILING UNN     1 with a qualifying office     or Supervisor of Election     WHEN TO FILE: InitialI     and specified state em     date of his or her appoil     Appointees who must be     confirmation, even if tha     appointment.	e and correct. e: h together with their filing papers. IECESSARY: A candidate who files a Form r is not required to file with the Commission	