FORM 1	STATEMENT OF			2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	TS	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE FID (e HI Enrico	NAME: (сл				
MAILING ADDRESS: (U) SE 415+	55				
CITY:	ZIP : COUNTY :				
CITY: Cape Count ZIP: COUNTY: Lee NAME OF AGENCY: Plan + Zon Com					
NAME OF OFFICE OR POSITION HEL	LON COM DORSOUGHT:				
**** THIS SECTION <u>MUST</u> BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.					
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	SING REPORTING THRESHOL	DS THAT ARE ABSO LDS, WHICH ARE US USING (must check	SUALLY BAS one):		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF SOURCE OF INCOME		JRCE'S DRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Hix Shedeke Co	805 Those An	Dupline, AL	R.	enl prh.e	
		<u></u>			
PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURC	-	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 102 SE $115$ SF $-76$ Corn $1$ , FL			lines	are not limited to the space on the on this form. Attach additional ts, if necessary.	
102 SE 415+ 5-		<b></b>	FILIN	NG INSTRUCTIONS for when where to file this form are ted at the bottom of page 2.	
			this	RUCTIONS on who must file form and how to fill it out n on page 3.	

and a second second second

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc (If you have nothing to report, write "none"	ks, bonds, certifica	ates of deposit, etc See ins	structions]			
(if you have nothing to report, write "hone" of "h/a") TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Mutul Find	1/42					
	(	juni				
DADT E LIADII ITIES (Major dable - See instructions)	~					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Wille Bry	han	re, NJ				
	7	· · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPECIFIED BUSINESSES [O	waership or posi	tions in cortain types of hus	sinossos - Soo Instructions]			
(if you have nothing to report, write "none" of	or "n/a")	ESS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	DUGUN	E35 ENTITE # 1				
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 col	mplete annual ethi	ics training pursuant to section	on 112.3142, F.S.			
	IAVE COMP	LETED THE REQ	UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILEF	र:	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:				
Signature:						
525		<u> </u>	, prepared the CE			
IFU		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:						
Date Signed: 7/31/23		CPA/Attorney Signature	e:			
[[']]		Date Signed:				
FILING INSTRUCTIONS:		N				
If you were mailed the form by the Commission on Ethi	ics or a County	Candidates file this form	together with their filing papers.			
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.		MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission				
Local officers/employees file with the Supervisor of Elections		or Supervisor of Election WHEN TO FILE: Initially	s. y, each local officer/employee, state officer,			
of the county in which they permanently reside. (I permanently reside in Florida, file with the Supervisor	r of the county	and specified state em	ployee must file <i>within 30 days</i> of the number of the beginning of employment.			
where your agency has its headquarters.) Form 1 filer the Supervisor of Elections may file by mail or email.	. Contact your	Appointees who must be	confirmed by the Senate must file prior to is less than 30 days from the date of their			
Supervisor of Elections for the mailing address or em use. <u>Do not email your form to the Commission on Et</u>	nail address to	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, 2022.

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 attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a off (de not une new our completed form and any attrachments are a other attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form any attrachments are a set (de not une new our completed form and any attrachments are a set (de not une new our completed form any attrachments are a set (de not une new our completed form any attrachments are a set (de not une new our completed form any attrachments are a set (de not une new our completed form any attrachments are a set (de not une new our

your completed form and any attachments as a pol (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. <u>Do not file by both mail and email. Choose only one</u> <u>filing method</u>. Form 6s will not be accepted via email.

returned.

CE FORM 1 - Effective: January 1, 2023, Incorporated by reference in Rule 34-8.202(1), F.A.C.