			TEMENT OF		2023	
	J	FINANCIAL	INTERESTS	•		
(TO BE FILED V	VITHIN	60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR	EMPLOYMENT)	
LAST NAME - FIRST NAME - MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:			
FINCH BARG	wK	<u>C&gt;</u>	]			
MAILING ADDRESS:	MAILING ADDRESS: 102 SET 415+ 5+			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
CITY: (n)e Con 1 ZIP:	7904	COUNTY:		ON HELD:		
	*** <u>BO</u> `	TH PARTS OF THIS SEC	TION MUST BE COMPLET	TED***		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY F	INANCIAL	INTERESTS FOR THE PERI	OD BETWEEN JANUARY 1, 2	023 AND -	THE LAST DATE I HELD THE PUBLIC	
OFFICE OR EMPLOYMENT DESCR	BED ABO	VE, WHICH DATE WAS	2/78		23. (Date must be prior to 12/31/23)	
	USING RE PARATIVE 1 HETHER T	EPORTING THRESHOLDS THRESHOLDS, WHICH ARE HIS STATEMENT REFLECTS	E USUALLY BASED ON PERC S EITHER (must check one):	CENTAGE	LUES, WHICH REOUIRES FEWER VALUES (see instructions for further UE THRESHOLDS	
PART A PRIMARY SOURCES	OF INCO	MF (Major sources of incom	to the reporting person - Ser	instructio	nsì	
(If you have nothing to	report, wri	te "none" or "n/a")	ie to the reporting person and	5 11 1911 2911-		
NAME OF SOURCE OF INCOME		SOUR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
HIT SACLIKE (1)		805 PTIVE ARE Dalle 41				
(If you have nothing to report, wr NAME OF NAM		sources of income to busines	ses owned by reporting person - See ADDRESS OF SOURCE		e instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instruction: (If you have nothing to report, write "none" or "n/a") $1(j) \leq f \in (15^+ 5^+, (inft Cont), Fl$				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		

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| PART D — INTANGIBLE PERSONAL PROPERTY<br>(If you have nothing to report, write "none                                                                                 |                                                                                                                                                       | cates of deposit, etc See                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Instructions)                                                                                                                                                   |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| TYPE OF INTANGIBLE                                                                                                                                                   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
| Mutal forz                                                                                                                                                           | Varjurd                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
|                                                                                                                                                                      | 0                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
|                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
| PART E — LIABILITIES [Major debts - See instruction<br>(If you have nothing to report, write "none                                                                   |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
| NAME OF CREDITOR                                                                                                                                                     | ADDRESS OF CREDITOR                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
| Valley Barry                                                                                                                                                         | Wore NT                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
|                                                                                                                                                                      | l                                                                                                                                                     | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |  |  |
|                                                                                                                                                                      |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSE<br>(If you have nothing to report, write "none"                                                                            | • • •                                                                                                                                                 | sitions in certain types of bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                 |  |  |
| NAME OF BUSINESS ENTITY                                                                                                                                              | BUSINESS                                                                                                                                              | ENTITY # 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BUSINESS ENTITY # 2                                                                                                                                             |  |  |
| 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 F ARE                                                                                                                                      | CONTINUED ON                                                                                                                                          | N A SEPARATE SHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                 |  |  |
| SIGNATURE OF FILE<br>Signature:<br>G. X. G.<br>Date Signed:<br>7/31/27                                                                                               | <u>R:</u>                                                                                                                                             | CPA or ATTORNEY SIGNATURE ONLY<br>If a certified public accountant licensed under Chapter 473, or<br>attorney in good standing with the Florida Bar prepared this form<br>for you, he or she must complete the following statement:<br>I,, prepared<br>the CE Form 1 in accordance with Section 112.3145, Florida<br>Statutes, and the instructions to the form. Upon my reasonable<br>knowledge and belief, the disclosure herein is true and correct.<br>CPA/Attorney Signature<br>Date Signed |                                                                                                                                                                 |  |  |
| WHEN TO FILE: may   At the end of office or employment each of E   local officer, state officer, and specified add   state employee is required to file a final Cont | FILING INSTR<br>file by mail or email. Co<br>Elections for the maili<br>ress to use. <u>Do not e</u><br>nmission on Ethics. it w<br>State officers or | ontact your Supervisor<br>ing address or email<br>mail your form to the<br>ill be returned.                                                                                                                                                                                                                                                                                                                                                                                                      | To determine what category your position<br>falls under, see the "Who Must File" Instructions<br>on page 3.<br>NOTE:<br>If you are leaving office or employment |  |  |

of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

## WHERE TO FILE:

Local officers 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

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.

during the first half of 2023, you may not have filed Form 1 for 2022. In that case, this is not the last form you will file. Form 1F covers January 1, 2023, through your last day of office or employment. You will be required to file Form 1 for 2022 by July 1, 2023, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.