FORM 1

STATEMENT OF

1		1	1
Z	U	١Z	Z

Please print or type your name, mailing address, agency name, and position below	r FINAIN	CIAL INTER	KE212		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDI	DLE NAME :			_	
Fishbeck Christopher	Eric				
MAILING ADDRESS :					
1700 Monroe St.			4		
CITY:	ZIP:	COUNTY:	7		
Fort Myers	33901	Lee	_		
NAME OF AGENCY: Administrative Office of the	Courts, Public Ris	sk Management			
NAME OF OFFICE OR POSITION H					
Director of Court Innovation	s, Board of Direct	ors	_		
CHECK ONLY IF _ CANDIDATE	OR NEW E	MPLOYEE OR APPOINTEE			
	**** THIS SECT	ION MUST BE COI	MPLETED ⁹	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	OUR FINANCIAL INT	ERESTS FOR CALENDA	R YEAR ENDIN	NG DE	CEMBER 31, 2022.
MANNER OF CALCULATING					
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U					
(see instructions for further detail				2, 102	
□ COMPARATIVE	PERCENTAGE) THR	ESHOLDS OR	DOLLAF	R VALU	IE THRESHOLDS
PART A PRIMARY SOURCES OF	INCOME [Major sources	of income to the reporting pe	rson - See instruc	ctions]	
(If you have nothing to r	anort write "none" or "	n/a")	10011 000 11101141	•	
(If you have nothing to re	eport, write "none" or "	n/a")			
(If you have nothing to re NAME OF SOURCE OF INCOME	eport, write "none" or "	source's Address		DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to re	eport, write "none" or "	n/a") SOURCE'S		DE	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to r e NAME OF SOURCE OF INCOME	eport, write "none" or "	n/a") SOURCE'S ADDRESS		DE Pi	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to r e NAME OF SOURCE OF INCOME	eport, write "none" or "	n/a") SOURCE'S ADDRESS		DE Pi	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to r e NAME OF SOURCE OF INCOME	eport, write "none" or "	n/a") SOURCE'S ADDRESS		DE Pi	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to re NAME OF SOURCE OF INCOME Administrative Office of Cou	arts 1700 Monro	source's Address se St., Fort Myers, 339	01 Ju	DE PP udician	RINCIPAL BUSINESS ACTIVITY TY
(If you have nothing to re NAME OF SOURCE OF INCOME Administrative Office of Cou	arts 1700 Monro OF INCOME and other sources of income	source's Address se St., Fort Myers, 339 ome to businesses owned by the	01 Ju	DE PP udician	RINCIPAL BUSINESS ACTIVITY TY
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to red) NAME OF	arts 1700 Monro OF INCOME and other sources of increport, write "none" or " NAME OF MAJOR S	source's Address se St., Fort Myers, 339 ome to businesses owned by the In/a")	01 Ju	DE PP udician	instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to the NAME OF BUSINESS ENTITY]	arts 1700 Monro OF INCOME and other sources of increport, write "none" or "	source's Address se St., Fort Myers, 339 ome to businesses owned by the In/a")	01 Ju	DE PP udician	rincipal business activity y instructions]
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to red) NAME OF	arts 1700 Monro OF INCOME and other sources of increport, write "none" or " NAME OF MAJOR S	source's Address se St., Fort Myers, 339 ome to businesses owned by the In/a")	01 Ju	DE PP udician	instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to the NAME OF BUSINESS ENTITY]	arts 1700 Monro OF INCOME and other sources of increport, write "none" or " NAME OF MAJOR S	source's Address se St., Fort Myers, 339 ome to businesses owned by the In/a")	01 Ju	DE PP udician	instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to the NAME OF BUSINESS ENTITY]	arts 1700 Monro OF INCOME and other sources of increport, write "none" or " NAME OF MAJOR S	source's Address se St., Fort Myers, 339 ome to businesses owned by the In/a")	01 Ju	DE PP udician	instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to the NAME OF BUSINESS ENTITY]	arts 1700 Monro OF INCOME and other sources of incomposition or " NAME OF MAJOR SOF BUSINESS' IN	source's Address se St., Fort Myers, 339 come to businesses owned by the string of t	ne reporting person DDRESS SOURCE	DE PRILIDITION OF SEE	instructions] PRINCIPAL BUSINESS
PART C REAL PROPERTY [Land,	arts 1700 Monro OF INCOME and other sources of incomposition or " NAME OF MAJOR SOF BUSINESS' IN	source's Address se St., Fort Myers, 339 come to businesses owned by the string of t	01 Ju	Pradician You are lines o sheets.	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional if necessary. BINSTRUCTIONS for when here to file this form are
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re) NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land, (If you have nothing to re) (If you have nothing to re)	arts 1700 Monro OF INCOME and other sources of incomposition or " NAME OF MAJOR SOF BUSINESS' IN	source's Address se St., Fort Myers, 339 come to businesses owned by the string of t	01 Ju	Production on - See You are lines o sheets. FILING and willocate	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the in this form. Attach additional, if necessary.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	e" or "n/a")		•			
TYPE OF INTANGIBLE N/A	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
N/A						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
N/A						
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	N/A		N/A			
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 agency created under Part III, Chapter 163 required to a CERTIFY THAT I	complete annual ethics	training pursuant to sect	ion 112.3142	2, F.S.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	N A SEPARATE SHE	ET, PLE	ASE CHECK HERE		
SIGNATURE OF FILER: Signature: Date Signed:		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: 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. CPA/Attorney Signature:				
June 22,2023						
		Date Signed:				
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 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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.