## FORM 1

## **STATEMENT OF**

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Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAI	L INTERES	STS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID	DLE NA	ME :				
Fitzgerald - Andrew - David	1					
MAILING ADDRESS :						
37 Timberland Circle South	L .					
CITY:	Z	IP: COUNTY	:			
Fort Myers	339	919 Lee				
NAME OF AGENCY: City of Fort Myers						
NAME OF OFFICE OR POSITION	HELD O	R SOUGHT :				
Board of Adjustment and A	ppeals					
CHECK ONLY IF  CANDIDAT	E OR	☐ NEW EMPLOYEE	OR APPOINTEE			
	****	THIS SECTION MU	IST BE COMPLE	FTFD ***	*	
DISCLOSURE PERIOD:						
THIS STATEMENT REFLECTS	YOUR I	FINANCIAL INTERESTS	FOR CALENDAR YEA	R ENDING	DEC	CEMBER 31, 2022.
MANNER OF CALCULATING	G REP	ORTABLE INTEREST	S:			
FILERS HAVE THE OPTION OF						
FEWER CALCULATIONS, OR U (see instructions for further detail					ASEI	D ON PERCENTAGE VALUES
	•	ENTAGE) THRESHOLDS	-	-	'ALU	E THRESHOLDS
PART A PRIMARY SOURCES OF	INCOM	E [Major sources of income	o the reporting person - S	See instruction	ns]	
PART A PRIMARY SOURCES OF (If you have nothing to			o the reporting person - S	See instructior	ns]	
( <b>If you have nothing to</b> ) NAME OF SOURCE		vrite "none" or "n/a")	OURCE'S	See instruction	DES	SCRIPTION OF THE SOURCE'S
(If you have nothing to nothing to not not not not not not not not not		rrite "none" or "n/a") S A	OURCE'S DDRESS		DES PF	RINCIPAL BUSINESS ACTIVITY
( <b>If you have nothing to</b> ) NAME OF SOURCE		vrite "none" or "n/a")	OURCE'S DDRESS		DES PF	
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(If you have nothing to nothing to not not not not not not not not not		rrite "none" or "n/a") S A	OURCE'S DDRESS		DES PF	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to a NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE	report, w	rite "none" or "n/a")  S A 1605 Hendry Street,	OURCE'S DDRESS Fort Myers, FL 339	901 Civi	DES PF il Co	onsulting Firm
(If you have nothing to a NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE	S OF INC	rite "none" or "n/a")  S A 1605 Hendry Street,  COME ner sources of income to busin	OURCE'S DDRESS Fort Myers, FL 339	901 Civi	DES PF il Co	onsulting Firm
(If you have nothing to a NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE [Major customers, clients	S OF INCS, and other report, w	rite "none" or "n/a")  S A 1605 Hendry Street,  COME ner sources of income to busin	OURCE'S DDRESS Fort Myers, FL 339 nesses owned by the repo	901 Civi	DES PF il Co	onsulting Firm
NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	S OF INC s, and oth report, v	COME ner sources of income to businwrite "none" or "n/a")	OURCE'S DDRESS Fort Myers, FL 339 nesses owned by the repo ADDRES OF SOUR	901 Civi	DES PP	instructions]  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE
(If you have nothing to a NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF	S OF INC s, and oth report, v	COME ner sources of income to businwrite "none" or "n/a")  ME OF MAJOR SOURCES	OURCE'S DDRESS Fort Myers, FL 339 nesses owned by the repo	901 Civi	DES PP	instructions]  PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	S OF INC s, and oth report, v	COME ner sources of income to businwrite "none" or "n/a")  ME OF MAJOR SOURCES	OURCE'S DDRESS Fort Myers, FL 339 nesses owned by the repo ADDRES OF SOUR	901 Civi	DES PP	instructions]  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  Careb Properties, LLC	S OF INC s, and off report, v	COME ner sources of income to businewrite "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	OURCE'S DDRESS Fort Myers, FL 339  nesses owned by the repo  ADDRES OF SOUR  1605 Hendry Street, Fort	901 Civi	DES PP	instructions]  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE
NAME OF SOURCE OF INCOME  DeLisi Fitzgerald, Inc.  PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	S OF INCS, and other report, when the report, when the report, when the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the report is a second control of the report in the re	COME ner sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	OURCE'S DDRESS Fort Myers, FL 339  nesses owned by the repo  ADDRES OF SOUR  1605 Hendry Street, Fort	901 Civi  orting person - SS RCE t Myers, FL 33	DESPE	instructions]  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  Careb Properties, LLC  PART C REAL PROPERTY [Lance	S OF INCS, and other report, w	COME ner sources of income to businwrite "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  gs owned by the reporting per rite "none" or "n/a")	OURCE'S DDRESS Fort Myers, FL 33!  Desses owned by the repo  ADDRES OF SOUR  1605 Hendry Street, Fort	901 Civi  Porting person - SS RCE  It Myers, FL 33	DES PF il Co	instructions]  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  Rental Income  In not limited to the space on the on this form. Attach additional
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  Careb Properties, LLC  PART C REAL PROPERTY [Lance (If you have nothing to refer to the properties of th	S OF INCS, and other report, w	COME ner sources of income to businwrite "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  gs owned by the reporting per rite "none" or "n/a")  Golf Drive, Fort Mye	OURCE'S DDRESS Fort Myers, FL 33!  December 1605 Hendry Street, Fort Son - See instructions]	901 Civi  orting person - SS RCE  t Myers, FL 33	DESPE	instructions]  PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  Rental Income  e not limited to the space on the on this form. Attach additional if necessary.

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		of deposit, etc See ins	structions]					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Stocks	Northwest Mutua	ı <u>l</u>						
Stocks	LPL Financial							
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor								
NAME OF CREDITOR	ADDRESS OF CREDITOR							
Fifth Third Bank	9041 College Par	kway, Fort Myers	, FL 33919					
	2011 College Luikway, Lott Myoto, LL 33717							
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY	s in certain types of businesses - See instructions]  B ENTITY # 1  BUSINESS ENTITY # 2  d, Inc.  Careb Properties, LLC							
ADDRESS OF BUSINESS ENTITY	1605 Hendry Street, F	•	1605 Hendry Street, Fort Myers, FL 33901					
PRINCIPAL BUSINESS ACTIVITY	Civil Engineering		Home rentals					
POSITION HELD WITH ENTITY	President		Manager					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			Yes					
NATURE OF MY OWNERSHIP INTEREST	Stockholder		Stockholder					
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 ARI	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE					
SIGNATURE OF FILE	<u>R:</u>	CPA or ATTORNEY SIGNATURE ONLY						
Signature:		If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:  I,, prepared the Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief,						
Date Signed:		disclosure herein is true and correct.  CPA/Attorney Signature:						
August 31, 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 filling 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, 2022.