FORM 1

STATEMENT OF

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Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL	E NAME :				
MAILING ADDRESS :					
CITY:	ZIP: COUNTY:				
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :				
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE			
* DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	*** THIS SECTION MUS			CEMBER 31. 2022.	
MANNER OF CALCULATING I FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	REPORTABLE INTERESTS: SING REPORTING THRESHOL NG COMPARATIVE THRESHOL CHECK THE ONE YOU ARE I	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL JSING (must check one):	DOLLAF LY BASE	R VALUES, WHICH REQUIRES D ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF IN	ERCENTAGE) THRESHOLDS COME [Major sources of income to			JE THRESHOLDS	
(If you have nothing to rep		are reporting person. God mod	dottorioj		
NAME OF SOURCE OF INCOME	_	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting pe	rson - 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, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		n - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
			INSTR this fo	CUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, (If you have nothing to report, write "none" or					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
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")					
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					
	pointed school superintendents, and commissioners of a community redevelopete annual ethics training pursuant to section 112.3142, F.S.	pment			
I CERTIFY THAT I HA	AVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE CO	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ON	CPA or ATTORNEY SIGNATURE ONLY			
Signature:		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:			
Jason Freeman	Form 1 in accordance with Section 112.3145, Florida Statute	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.			
Date Signed:	CPA/Attorney Signature:				
	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.