## FORM 1

## **STATEMENT OF**

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Z	U	Z	1

Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTER	RESTS	5	FOR OFFICE USE ONLY:						
LAST NAME FIRST NAME MII	DDLE NA											
Gadoury, Thadde Charles												
MAILING ADDRESS :												
9343 Via San Giovani Stre	et											
CITY:	Z	ZIP: COUNTY:										
Fort Myers	339	905 Lee										
NAME OF AGENCY: Rye Crossing Community 1	Develo	pment District										
NAME OF OFFICE OR POSITION	HELD C	DR SOUGHT :										
Assistant Secretary												
CHECK ONLY IF	TE OF	R NEW EMPLOYEE OF	R APPOINTEE	1								
	****	THIS SECTION MUS	ST BE COM	/IPI FTF	D ****							
DISCLOSURE PERIOD:												
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	JR CALENDAF	R YEAR EN	DING DE	JEMBER 31, 2021.						
MANNER OF CALCULATIN												
FILERS HAVE THE OPTION O												
FEWER CALCULATIONS, OR (see instructions for further details)						D ON PERCENTAGE VALUES						
	•	CENTAGE) THRESHOLDS	OR	1 '		JE THRESHOLDS						
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DADT A DDIMARY SOURCES O	E INICON	IE [Major sources of income to	the reporting per	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")								
PART A PRIMARY SOURCES O (If you have nothing to	F INCON report, v	ME [Major sources of income to write "none" or "n/a")	the reporting per	son - See ins	tructions]							
(If you have nothing to	F INCOM report, v	write "none" or "n/a")		son - See ins		SCRIPTION OF THE SOURCE'S						
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE OF INCOME	F INCOM report, v	write "none" or "n/a")	the reporting per URCE'S DRESS	son - See ins	J DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY						
( <b>If you have nothing to</b> NAME OF SOURCE	report, v	write "none" or "n/a")	URCE'S DRESS		J DE	RINCIPAL BUSINESS ACTIVITY						
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO AD	URCE'S DRESS		DE Pl	RINCIPAL BUSINESS ACTIVITY						
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO AD	URCE'S DRESS		DE Pl	RINCIPAL BUSINESS ACTIVITY						
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO AD	URCE'S DRESS		DE Pl	RINCIPAL BUSINESS ACTIVITY						
(If you have nothing to  NAME OF SOURCE OF INCOME  Forestar USA Real Estate,  PART B SECONDARY SOURCE	Inc.	so AD	URCE'S DRESS 200 Tampa,	FL	Develo	per						
(If you have nothing to  NAME OF SOURCE OF INCOME  Forestar USA Real Estate,  PART B SECONDARY SOURCE [Major customers, client)	Inc.	so AD 4042 Park Oaks blvd.,	URCE'S DRESS 200 Tampa,	FL	Develo	per						
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	Inc.  ES OF INts, and of or report,	SO AD 4042 Park Oaks blvd.,  COME ther sources of income to busine write "none" or "n/a")	URCE'S DRESS 200 Tampa,	FL ne reporting p	Develo	per  instructions]						
(If you have nothing to  NAME OF SOURCE OF INCOME  Forestar USA Real Estate,  PART B SECONDARY SOURCE [Major customers, client)	Inc.  ES OF INts, and oto report,	so AD 4042 Park Oaks blvd.,	URCE'S DRESS 200 Tampa, sses owned by th	FL	Develo	per						
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	Inc.  ES OF INts, and oto report,	SO AD 4042 Park Oaks blvd.,  COME ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS 200 Tampa, sses owned by th	FL ne reporting p	Develo Develo	per  instructions]  PRINCIPAL BUSINESS						
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	Inc.  ES OF IN ts, and of o report,	SO AD 4042 Park Oaks blvd.,  COME ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS 200 Tampa,  sses owned by th	FL ne reporting p	Develo Develo	instructions]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE						
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	Inc.  ES OF IN ts, and of o report,	SO AD 4042 Park Oaks blvd.,  COME ther sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS 200 Tampa,  sses owned by th	FL ne reporting p	Develo Develo	instructions]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE						
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	Inc.  ES OF IN ts, and of the report, NA  NA  d, buildir	COME ther sources of income to busine write "none" or "n/a")  MME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS 200 Tampa,  sses owned by th  AI  OF  9160 Corp.	FL  The reporting publication of the polygon of the	DE PI Develo erson - See	instructions]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE						
PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY]  PART C REAL PROPERTY [Land Part C REAL PROPERTY]	Inc.  SS OF IN ts, and ot o report, NA  NA  NA  NA  NA  NA  NA  NA  NA  NA	COME ther sources of income to busine write "none" or "n/a")  MME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS 200 Tampa,  sses owned by th  AI  OF  9160 Corp.	FL  The reporting publication of the polygon of the	DE PI Develo  Py FMY  You an lines o sheets FILING and w	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  General Contracting  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 SOURCE [Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY  Gladstone Builders, Inc.  PART C REAL PROPERTY [Land (If you have nothing to	Inc.  SS OF IN ts, and ot o report, NA  NA  NA  NA  NA  NA  NA  NA  NA  NA	COME ther sources of income to busine write "none" or "n/a")  MME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS 200 Tampa,  sses owned by th  AI  OF  9160 Corp.	FL  The reporting publication of the polygon of the	DE PI Develo  Province of the	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  General Contracting  e not limited to the space on the n this form. Attach additional, if necessary.						

PART D — INTANGIBLE PERSONAL PROPERTY [SI (If you have nothing to report, write "non TYPE OF INTANGIBLE	ne" or "n/a")	, ,	tructions]					
Investment Accts.	funds, stocks, bonds, Retirement							
Checking, Savings, Etc.	Suncoast Credit Union							
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor								
NAME OF CREDITOR		ADDRES	S OF CREDITOR					
Penny Mac	Penny Mac CA							
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  NAME OF BUSINESS ENTITY								
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A						
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	3							
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 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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
Signature:  Date Signed:  7/19/22		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,						
1119122		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, 2021.