FORM 1	STATEMENT OF			2022		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS			FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE	NAME :					
Gargano Anth	say Joseph					
MAILING ADDRESS: 1343 POINCLANA	1.10					
1375 Portugua	AVE					
Ft. Myers 3	3901 Lee					
Board of Adjust	zip: county:	of F+Mxon				
NAME OF AGENCY :	City					
board Membe						
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT :					
		÷				
CHECK ONLY IF CANDIDATE	OR 🔲 NEW EMPLOYEE O	R APPOINTEE		en filosof (1886) (1887) (1886) (1884), eta 4. 2012 (1884) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1		
**:	** THIS SECTION MU	<u>ST</u> BE COMPLETE	) ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022		
			5	ouriour (or, zozz.		
MANNER OF CALCULATING RI FILERS HAVE THE OPTION OF USI			F DOLLAF	R VALUES WHICH REQUIRES		
FEWER CALCULATIONS, OR USIN	G COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE			
(see instructions for further details).		·		IE TUDECUOI DO		
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]						
(If you have nothing to repor		the reporting person - see his	iruciioris]			
NAME OF SOURCE OF INCOME	<b>!</b>	URCE'S DRESS		SCRIPTION OF THE SOURCE'S		
	- 8695 College Plan			AW FIRM		
Florida Fidelity Realty Adu	1	1		Real 58 tate Broke		
Ful Quiver Farms, LLC	same			Banch/Form/income Pr		
, , , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	- month tim frame in		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to busine	esses owned by the reporting pe	rson - See	instructions]		
	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	<del> </del>	ACTIVITY OF SOURCE		
Fixembre and association		1.4 C 1 1 1 - 10 P/W	<del>√ &lt; 751</del>			
Anthony J. Gargno DA Fin		8645 College PKW, Et Myers FC 3	3919	Bank		
Full Quiver Farms, LLC Gungano mobile welding, Fine Same Welder						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				e not limited to the space on the not limited to the space on the		
5 acres Muse, FL ( Florda Fidelity)			i i	, if necessary.		
20 geres muge, FL (FULL Quiver)			and w	instructions for when here to file this form are		
1 Acre NFM FL		d at the bottom of page 2.  UCTIONS on who must file				
5.65 Acres NFM PL (82)			this fo	rm and how to fill it out on page 3.		

	erenezarakoakoakoakoakoakoakoakoakoakoakoakoakoa		MICHAEL CHECKER			
PART D — INTANGIBLE PERSONAL PROPERTY [Si (If you have nothing to report, write "no	ocks, bonds, certifica	ites of deposit, etc.	- See in	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
IRA	hand the and the state of the s					
	en diere een kaar verste meer minde gerijderijk gerijnerijk, 1,5 project daar, herstaar als productions kaar i De staat die gesteel verste meer die gesteel verste die gesteel verste die gesteel verste die gesteel verste d	antina kanada an 1965 ya gaya kanada aya da aya kanada aya da aya kanada aya da aya da aya da aya da aya da ay				
PART E — LIABILITIES [Major debts - See instruction	sl		Managara da			
(If you have nothing to report, write "nor						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Finemark	MU 8695 College PKWy S101 FM FL 33919					
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or positi	ons in certain type	es of but	sinesses - See instructions!		
(If you have nothing to report, write "none	" or "n/a")	ESS ENTITY # 1		BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	Anthony.		PA	Fronda Fidelity Realty Advisor		
ADDRESS OF BUSINESS ENTITY	8695 College					
PRINCIPAL BUSINESS ACTIVITY	law frrm			REBIOKER		
POSITION HELD WITH ENTITY	own			owner		
LOWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	effect six the star = s		yes		
NATURE OF MY OWNERSHIP INTEREST		ehold ev		shareholder		
PART G — TRAINING For elected municipal officers.	appointed school st	iperintendents, and	d commi	issioners 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.						
LI ICERTIFY IMAII	HAVE COMP	LETED THE	REQ	UIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED O	N A SEPARAT	E SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	CPA or ATTORNEY SIGNATURE ONLY					
Signature:		if a certified public accountant licensed under Chapter 473, or attorney				
J. W. 14161 J.				ne Florida Bar prepared this form for you, he or following statement:		
A Samuel		1, pre		, prepared the CE		
74 8 800000	instructions to the form		the form.	with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the		
Date Signed:	disclosure herein is true and correct.		e and correct.			
8/28/23	CPA/Attorney Signature:					
		Date Signed:				
FILING INSTRUCTIONS:						
if you were mailed the form by the Commission on Et	nics or a County (	Candidates file th	nis form	together with their filing papers.		
Supervisor of Elections for your annual disclosure	iling return the .			U printiti		

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.

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.