FORM 1	STATEM	IENT OF	2020
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 :		
Garagno Hn	Thony	ense storretteren en e	
23923 Amalf	Coast Rd		
CITY:	ZIP: COUNTY:		
Estero 3	4135 and 1 a	e a constant of the control of positive of positive of the control	
Planning Zoning	Design Revie		
NAME OF OFFICE OR POSITION HEL			
Member			ADDITESS OF BUSINESS ENTITY
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE	PRINCIPAL SUSINESS ACTIVITY
	** THIS SECTION MUS	ST BE COMPLETED	LOWN MORE THAN A 5% INTEREST IN THE
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENDI	NG DECEMBER 31, 2020.
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	ING REPORTING THRESHOLIG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE [LDS, WHICH ARE USUALL\	DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES
Brown and March & B. of a trained & B. and and the state of the said and	RCENTAGE) THRESHOLDS		R VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC		the reporting person - See instru	
(If you have nothing to repo	A she musi complete the followi		Signature:
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
m re-songale Navide 28 Latin	Northfield	LNJ	investment Itdvisor
	an day of Supplemental Control		Date Signed:
	a supplied Assumed to the		
	MOONE		
PART B - SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to rep	d other sources of income to busine		son - See instructions]
NAME OF THE PROPERTY OF THE PR	NAME OF MAJOR SOURCES	allal coli address	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
ani da zase 36 dinembra da 26 dinembra di dinembra di 10 dinembra	end standfied stars emoloyed	thy reside (If you do not a Country of the country)	of the county is which they permanen somenessy come of terior, in which
men by the Senate must the prior to	Appointees who must be confi confirmation, even if that is les	1 FORE I fliets who life wan applied to the world of units and advance for armail addings to	where your against to have not the house. the Supervisor of St. those not the house. Supervisor of Plentium for the nation as
PART C REAL PROPERTY [Land, bu	ildings owned by the reporting pers	on - See instructions]	You are not limited to the space on the lines on this form. Attach additional
ing each calendar year in which they	The marrier is a by July 1 follow	M email To file by mail.	sheets, if necessary.
form (Form 1F) within 60 cays of	Fine fly, life a final dischasure	nox Ra, Bidg E, Sie 200 mmission by email, scan	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
reheva the tiles of filing a CLL Form 1 Lon on December to 1920	of Financial Interesta) does <u>not</u> dithe tiler was in his of ner lost	as a por (do nor use any se illus and retain a copy	INSTRUCTIONS on who must file
		one the suspension are	this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, cert (If you have nothing to report, write "none" or "n/a")	ificates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
(1.4 C. 3.4 C. 3	word in order came, and procedure to the contract of the contr			
	BANK TRANSFER CONTRACTOR OF THE SECTION OF THE SECT			
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
	770.			
DART E INTERESTO IN ORFOIGER PUBLISHED TO				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or po (If you have nothing to report, write "none" or "n/a")				
NAME OF BUSINESS ENTITY	SINESS ENTITY # 1 BUSINESS ENTITY # 2			
	EFFACTOR AND LEST POSTO DE LA SIGNA EN LA PRINCE			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	IA 910 of Tixourgity (ways, 4 1 1 1 aug 1 1 2 aug 1 2			
POSITION HELD WITH ENTITY	Der der de viewe Marie independente in de Stade despetent verberdes de deux de de vertige de la despetent in Des la la la la Calair de Calair de Salair de Stade de la Calair de Stade de Calair de Stade de la despetent in			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	UCMES SAUSC DEIG			
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers, appointed school agency created under Part III, Chapter 163 required to complete annual of the complete annual	ol superintendents, and commissioners of a community redevelopment			
☐ 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 OF FILER:	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:			
	I, prepared the CE			
VIII P	Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the			
Date Signed:	disclosure herein is true and correct.			
	CPA/Attorney Signature:			
4/20/2021				
EII INC INCTDUCTIONS	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 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, 2020.