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 Gatewood Michael Michael Milling ADDRESS:	NAME: Had Lewis Jonia Ck.		
CITY: NORTH LOAT MYORS NAME OF AGENCY: NORTH LOAT MYORS NAME OF OFFICE OR POSITION HELD		23JUN129M0908 SGE Lee OF	
Fine Commission	ner Seat #1	09	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	ING REPORTING THRESHOLDS THAT ARE ABSOLUTE IG COMPARATIVE THRESHOLDS, WHICH ARE USUALL CHECK THE ONE YOU ARE USING (must check one):	ING DECEMBER 31, 2022. DOLLAR VALUES, WHICH REQUIRES	
(If you have nothing to repo	SOURCE'S	DESCRIPTION OF THE SOURCE'S	
OF INCOME Lindon Industrial + Machine	ADDRESS MAN 16878 Domestic Ave Et. Myres Et 33	PRINCIPAL BUSINESS ACTIVITY 1912 Road Tech	
Nonth FONT Myons Fire + R Social Security	No. Col many	Commissiones #1 Retordment	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to businesses owned by the reporting per	son - Séé instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
(If you have nothing to repo		You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when	
2/06 West Condenie	on CR. NONT FORT MYPRS PL 33917	and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY Stocks (If you have nothing to report, write "none"	s, bonds, certificates or "n/a")	of deposit, etc See inst	ructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
	checking Savings				
Vangaued	TRAS + 401K				
Now York Life	TRAS + 40				
PART E — LIABILITIES [Major debts - See Instructions] (If you have nothing to report, write "none"	or "n/a")		er en		
NAME OF CREDITOR	ADDRESS OF CREDITOR				
	n)//				
7	TV/A				
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	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY			4		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	n1-/1				
POSITION HELD WITH ENTITY		and the state of t			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	-				
NATURE OF MY OWNERSHIP INTEREST	SAASTRUK TEG SE HOOK JEEN, HEROOMERSHAD AND AND THE THAT THE THE SECOND				
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 OF FILER		CPA or ATTO	RNEY 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 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			
	A	Date Signed:	AND THE COURT OF THE COLUMN TO		
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on Ethics or a County Candidates file this form together with their filing papers.					

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 feaving 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.

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9 JUN 2023 PH 1 L

Supervisor of Elections
PO BOX 2545
FORT Myors PL
33902-9888

23902-254545

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