		- TE OF	2021
FORM 1	STATEM	IENT OF	FOR OFFICE USE ONLY:
Please print or type your name, mailing address, agency name, and position below		INTERESTS	
Gebhad - GOGODON	DLE NAME :		
MAILING ADDRESS:			
1106 SW 46h T	repare		3
CITY:	ZIP: COUNTY:		
NAME OF AGENCY:	PL 33	3914 LEE	
CRA			pt pt
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:	A PART OF THE PART	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE	7
			****
DISCLOSURE PERIOD:	*** THIS SECTION MUS		
THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	DING DECEMBER 31, 2021.
MANNER OF CALCULATING			DOLLAR VALUE O MUICUREOURES
FEWER CALCULATIONS, OR US	ISING REPORTING THRESHOL	LDS, WHICH ARE USUALL	DOLLAR VALUES, WHICH REQUIRES  Y BASED ON PERCENTAGE VALUES
(see instructions for further details		The second secon	TO MALLIE TURESHIOLDS
PART A PRIMARY SOURCES OF IN	PERCENTAGE) THRESHOLDS		AR VALUE THRESHOLDS
(If you have nothing to rep	port, write "none" or "n/a")	the reporting person - See misur	
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Nice Guys Dizza	1404 Cape Con	al Play Bust	Bar/Restaurant
PART B SECONDARY SOURCES	OF INCOME		
Major customers clients.	and other sources of income to busine eport, write "none" or "n/a")	sses owned by the reporting pe	erson - See instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
1 10 10 10 10 10 10 10 10 10 10 10 10 10	mose were the second and the second	No.	
The same and	nitro to distance of the services to a service seed as term in reversion of services.		
	uildings owned by the reporting pers	on - See instructions]	You are not limited to the space on the
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			lines on this form. Attach additional sheets, if necessary.
1404 Cape Coral Parkusy East			FILING INSTRUCTIONS for when
1404 Cape Coral Parkusy East  (ape Coral Ph 33914			and where to file this form are located at the bottom of page 2.
relieve the blue et al.	of Financial statement states not	A CODY	INSTRUCTIONS on who must file
			this form and how to fill it out begin on page 3.

nave nothing to report, write home	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Morgan Stanley Mchal Ends	Margon Stanley
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none NAME OF CREDITOR	ADDRESS OF CREDITOR  2   3 3   5 Tamiami Trail
(If you have nothing to report, write "none"  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Nice Cry Pieta  1404 Cax Corp Kley E  Bar/restaurant  Co-Dune
I CERTIFY THAT I	s, appointed school superintendents, and commissioners of a community redevelopment complete annual ethics training pursuant to section 112.3142, F.S.  HAVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILE Signature:	If a certified public accountant licensed under Chapter 473, or attorned in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,
Date Signed: 6/17/22	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.  CPA/Attorney Signature:  Date Signed:
EILING 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 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, 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 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 the appointment.

Candidates must file at the same time they file their qualifying

Thereafter, file by July 1 following each calendar year in which the hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days leaving office or employment. Filing a CE Form 1F (Final Stateme of Financial Interests) does not relieve the filer of filing a CE Form if the filer was in his or her position on December 31, 2021.