FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2022

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 BE FILED W	TITIEN OF DATE OF LEA	VING FUBLIC OFFIC	JE OK	EMI LOTMENT)		
LAST NAME — FIRST NAME — MIDDI	NAME OF REPORTING PERSON'S AGENCY:					
MAILING ADDRESS:		CHECK ONE OF THE FOL	LOWING	(see "Who Must File" on page 3):		
	_	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
		LOCAL OFFICE SPECIFIED S		STATE OFFICER		
CITY: ZIP:	COUNTY:	2.01 011102 0111 001110		······································		
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2022 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS						
OFFICE OR EMPLOYMENT DESCRIE	BED ABOVE, WHICH DATE WAS		, 20	22. (Date must be prior to 12/31/22)		
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):						
COMPARATIVE (PERC	CENTAGE) THRESHOLDS	OR L DOL	LAR VAL	UE THRESHOLDS		
PART A PRIMARY SOURCES (OF INCOME [Major sources of inco	me to the reporting person - See	e instruction	ns]		
NAME OF SOURCE OF INCOME		SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY				
OI IIVOOME	ADD	NEGO	TIXIIX	OII AL BOOINEOU ACTIVITI		
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			<u> </u>			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when 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		
				on page 3 of this packet.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
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")					
NAME OF BUSINESS ENTITY	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER: Signature: Date Signed:		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,			

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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

FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2022, you may not have filed Form 1 for 2021. In that case, this is not the last form you will file. Form 1F covers January 1, 2022, through your last day of office or employment. You will be required to file Form 1 for 2021 by July 1, 2022, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.