2022 STATEMENT OF FORM 1 FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME MAILING ADDRESS Isance abalener ■ NEW EMPLOYEE OR APPOINTEE CHECK ONLY IF CANDIDATE **** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022. 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). CHECK THE ONE YOU ARE USING (must check one): **DOLLAR VALUE THRESHOLDS** OR COMPARATIVE (PERCENTAGE) THRESHOLDS PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") DESCRIPTION OF THE SOURCE'S NAME OF SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY ADDRESS OF INCOME PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS NAME OF ACTIVITY OF SOURCE OF SOURCE **BUSINESS ENTITY** OF BUSINESS' INCOME PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person -- See instructions (If you have nothing to report, write "none" or "n/a")

2301 - 2307 Extero Blud. FMB. 33931

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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 begin on page 3.

	e "none" or "n/a")
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
PART E — LIABILITIES [Major debts - See instr	
(If you have nothing to report, write	e "none" or "n/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR
Busey Bank	7980 Summerlin Lake Dr. Farthyus FL. 33907 14141 46th St. NSuik 1206 Cleanafur, FL 33762
SBA - SEDCO	14141 46th St. N Suit 1206 Cleanater, FL 33762
PART F — INTERESTS IN SPECIFIED BUSINESS	SES [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	Tre and Amy Inc.
ADDRESS OF BUSINESS ENTITY	2301 Estera Hd 33931
PRINCIPAL BUSINESS ACTIVITY	Restavant
POSITION HELD WITH ENTITY	Owner-President
OWN MORE THAN A 5% INTEREST IN THE BUSI	1/ 0
NATURE OF MY OWNERSHIP INTEREST	Owner Operator
THE CITE OF ME STATE OF THE STA	Care Ofcara
PART G — TRAINING For elected municipal of	fficers, appointed school superintendents, and commissioners of a community redevelopment
PART G — TRAINING For elected municipal of	fficers, appointed school superintendents, and commissioners of a community redevelopment red to complete annual ethics training pursuant to section 112.3142, F.S.
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir	fficers, appointed school superintendents, and commissioners of a community redevelopment
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PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G	fficers, appointed school superintendents, and commissioners of a community redevelopment red to complete annual ethics training pursuant to section 112.3142, F.S. AT I HAVE COMPLETED THE REQUIRED TRAINING. B ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G SIGNATURE OF F	fficers, appointed school superintendents, and commissioners of a community redevelopment red to complete annual ethics training pursuant to section 112.3142, F.S. AT I HAVE COMPLETED THE REQUIRED TRAINING. GARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G	AT I HAVE COMPLETED THE REQUIRED TRAINING. ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 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
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G SIGNATURE OF F	AT I HAVE COMPLETED THE REQUIRED TRAINING. ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE 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: prepared the C
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G SIGNATURE OF F	FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared the following statement: I, prepared the Cipromator of the component of the compone
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G SIGNATURE OF F Signature:	FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared the following statement: I, prepared the Cipromator of the component of the compone
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G SIGNATURE OF F Signature: Date Signed:	FILER: 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, prepared the C. 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.
PART G — TRAINING For elected municipal of agency created under Part III, Chapter 163 requir I CERTIFY TH. IF ANY OF PARTS A THROUGH G SIGNATURE OF F Signature:	FILER: 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, prepared the CI Form 1 in accordance with Section 112.3145, Florida Statutes, and the disclosure herein is true and correct. CPA/Attorney Signature:

f 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

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.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.