FORM 1	STA	STATEMENT OF			2022	
Please print or type your name, mailing address, agency name, and position belo	FINANC	CIAL IN	TERESTS	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MID	DLE NAME :		i i			
Gonzalez, Alicia Nicole						
MAILING ADDRESS :						
2220 W First St						
Apt 225						
CITY:		COUNTY:				
Fort Myers	Fl	Lee				
NAME OF AGENCY: Lee County Clerk of Couets	<b>;</b>				the state of the s	
NAME OF OFFICE OR POSITION Chief Officer of Courts	HELD OR SOUGHT :					
CHECK ONLY IF CANDIDAT	E OR 🔲 NEW EM	PLOYEE OR APPO	DINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTI				CEMBER 31, 2022.	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR Under the comparative COMPARATIVE	USING REPORTING TUSING COMPARATIVE	HRESHOLDS TI THRESHOLDS, YOU ARE USING	WHICH ARE USUA (must check one	LLY BASE ):		
PART A PRIMARY SOURCES OF	FINCOME [Major sources or report, write "none" or "n/		oorting person - See in	structions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
N/A						
	S OF INCOME s, and other sources of incor report, write "none" or "n		wned by the reporting p	person - See	instructions]	
		MAJOR SOURCES ADDRESS OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A						
PART C REAL PROPERTY [Land (If you have nothing to I	i, buildings owned by the re eport, write "none" or "nia	porting person - Se	e instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
N/A				and w	GINSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
				INSTR	UCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [SI (If you have nothing to report, write "no		s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Stock and 401k Retirement Account	Fidelity Investments					
Checking and Savings Accounts	Suncoast Credit Union					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
N/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	N/A					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	3					
NATURE OF MY OWNERSHIP INTEREST						
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 FILE Signature:  Date Signed:	R:	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 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.  CPA/Attorney Signature:				
- 100	<u> </u>	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, 2022.