FORM 1	STATEM	STATEMENT OF		
Please print or type your name, mailing address, agency name, and position be	g FINANCIAL	FINANCIAL INTERESTS FOR OFFICE USE ONLY		
LAST NAME FIRST NAME M	•		_	
	Chael Anth	vony		
MAILING ADDRESS:	43RO LAne	/		
CITY:	ZIP: COUNTY:	- 1.		
NAME OF AGENCY:				
LI CENCE  NAME OF OFFICE OR POSITION	NHELD OR SOUGHT:	tun Rowlath		
Vice Chair	N HELD UK SOUGHT.	DVANO		
CHECK ONLY IF CANDIDA	ATE OR  NEW EMPLOYEE O	R APPOINTEE		
DISCLOSURE PERIOD:	**** THIS SECTION MU	ST BE COMPLETED	***	
	S YOUR FINANCIAL INTERESTS F	OR CALENDAR YEAR END	ING DECEMBER 31, 2022.	
MANNER OF CALCULATIN	NG REPORTABLE INTERESTS	:		
FILERS HAVE THE OPTION C	OF USING REPORTING THRESHOL	DS THAT ARE ABSOLUTE	DOLLAR VALUES, WHICH REQUIRES	
(see instructions for further det	R USING COMPARATIVE THRESHO tails). CHECK THE ONE YOU ARE	LDS, WHICH ARE USUALL	Y BASED ON PERCENTAGE VALUES	
	E (PERCENTAGE) THRESHOLDS		R VALUE THRESHOLDS	
	OF INCOME [Major sources of income to			
(If you have nothing to	o report, write "none" or "n/a")	the reporting person - 555 mess	ICTIONS	
NAME OF SOURCE OF INCOME		DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
ACRA ELECTRIC	. 842 Je	46th LAR	CLECKRICAL CONTRACTOR	
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	ES OF INCOME ats, and other sources of income to busines to report, write "none" or "n/a")	sses owned by the reporting pers	on - See instructions]	
NAME OF	NAME OF MAJOR SOURCES	ADDRESS .	. PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
None				
DADT C. DEAL DEODEDTY (Lon				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
hone			FILING INSTRUCTIONS for when	
110.		<u> </u>	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, 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				
None					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	' or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR			
None		***************************************			
1					
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					
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					
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 ATTORNEY 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			
Date Signed:		instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.  CPA/Attorney Signature:			
- 1 t		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.