# FORM 1

# STATEMENT OF

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2	6 B	7	7
Louis	v	Louis	Long

address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :		
Greggs Michelle Marcelli			
MAILING ADDRESS :			
4195 Dingman Dr			
CITY:	ZIP: COUNTY:		
	FL Lee		
NAME OF AGENCY :			
Sanibel Public Library District			
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :		
Commissioner			
CHECK ONLY IF CANDIDATE	OR MEW EMPLOYEE OR	APPOINTEE	
**	** THIS SECTION MUS	T BE COMPLETE	D ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FO	R CALENDAR YEAR EN	DING DECEMBER 31, 2022.
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	ING REPORTING THRESHOLING COMPARATIVE THRESHOL	DS, WHICH ARE USUAL	E DOLLAR VALUES, WHICH REQUIRES LLY BASED ON PERCENTAGE VALUES
			AR VALUE THRESHOLDS
	RCENTAGE) THRESHOLDS		
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to	he reporting person - See ins	structions]
(11 ) 02 11210 110111119 10 10	it, write none or ina )		
NAME OF SOURCE OF INCOME	I SOL	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE	I SOL	DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System
NAME OF SOURCE OF INCOME Ohio STRS	25 E Broad St, Columb	ous, OH 43215	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	SOU ADI	ous, OH 43215	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System
NAME OF SOURCE OF INCOME Ohio STRS	25 E Broad St, Columb	ous, OH 43215	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System
NAME OF SOURCE OF INCOME  Ohio STRS  Social Security	25 E Broad St, Columb 1500 Woodlawn Dr, B	ous, OH 43215 altimore, MD 21241	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System  Federal Retirement Program
NAME OF SOURCE OF INCOME  Ohio STRS  Social Security  PART B - SECONDARY SOURCES Of Major customers, clients, and	25 E Broad St, Columb 1500 Woodlawn Dr, B	ous, OH 43215 altimore, MD 21241	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System  Federal Retirement Program
NAME OF SOURCE OF INCOME  Ohio STRS  Social Security  PART B - SECONDARY SOURCES Of Major customers, clients, an (If you have nothing to rep  NAME OF BUSINESS ENTITY	25 E Broad St, Columb 1500 Woodlawn Dr, B  FINCOME d other sources of income to busines ort, write "none" or "n/a")  NAME OF MAJOR SOURCES	ous, OH 43215 altimore, MD 21241 sees owned by the reporting p	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System  Federal Retirement Program  Person - See instructions]  PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME  Ohio STRS  Social Security  PART B - SECONDARY SOURCES Of Major customers, clients, and (If you have nothing to rep NAME OF	25 E Broad St, Columb 1500 Woodlawn Dr, B  FINCOME d other sources of income to busines ort, write "none" or "n/a")  NAME OF MAJOR SOURCES	ous, OH 43215 altimore, MD 21241 sees owned by the reporting p	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System  Federal Retirement Program  Person - See instructions]  PRINCIPAL BUSINESS
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NAME OF SOURCE OF INCOME  Ohio STRS  Social Security  PART B - SECONDARY SOURCES OF Major customers, clients, an (If you have nothing to rep NAME OF BUSINESS ENTITY  none  PART C - REAL PROPERTY [Land, but	25 E Broad St, Columb 1500 Woodlawn Dr, B  FINCOME d other sources of income to busines ort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ous, OH 43215 altimore, MD 21241 sees owned by the reporting p	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System  Federal Retirement Program  Person - See instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  EIL ING INSTRUCTIONS for when
NAME OF SOURCE OF INCOME  Ohio STRS  Social Security  PART B - SECONDARY SOURCES OF Major customers, clients, an (If you have nothing to rep NAME OF BUSINESS ENTITY  none  PART C - REAL PROPERTY [Land, but	25 E Broad St, Columb 1500 Woodlawn Dr, B  FINCOME d other sources of income to busines ort, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ous, OH 43215 altimore, MD 21241 sees owned by the reporting p	PRINCIPAL BUSINESS ACTIVITY  State Teacher Retirement System  Federal Retirement Program  Person - See instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

PART D — INTANGIBLE PERSONAL PROPERTY [State of the control of the	tocks, bonds, certificates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
see attached				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	ns] ne" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Fifth Third Bank	9000 Park Royal Dr, Fort Myers, FL 33908			
agency created under Part III, Chapter 163 required to	BUSINESS ENTITY # 1  BUSINESS ENTITY  none  s, appointed school superintendents, and commissioners of a community redeve complete annual ethics training pursuant to section 112.3142, F.S.			
☐ I CERTIFY THAT I	I HAVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARI	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HER	E		
SIGNATURE OF FILE Signature:  Mehrele M. Lugg Date Signed:  8   11   2023	If a certified public accountant licensed under Chapter 47 in good standing with the Florida Bar prepared this form to 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:		
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 mall 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, Sta 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

# Michelle M Greggs – Intangible Personal Property

## Fidelity Brokerage Funds

- FDRXX
- FDEGX
- FSNAX
- GFFFX
- TGVIX
- FXAIX

#### SEI Brokerage Funds

- TRLVX
- SHYAX
- SEITX
- SELCX
- TRMVX
- SETAX

#### Computershare

AT&T Inc

#### Fifth Third Bank

Checking

## Capital One Bank

Savings