FORM 1	STATEM	IENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	<b>FINANCIAL</b>	INTERESTS	· [	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLI	E NAME :				
MAILING ADDRESS :					
CITY :	ZIP : COUNTY :				
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HEL					
CHECK ONLY IF 🔲 CANDIDATE	R APPOINTEE				
	*** THIS SECTION MUS	<u>ST</u> BE COMPLETE	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022.	
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING <b>(must check one)</b>	LY BASE :		
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to	·			
(If you have nothing to repo	I SOI	URCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME	AD	DRESS	PRINCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOURCES O					
[Major customers, clients, ar ( <b>If you have nothing to rep</b>	nd other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting p	erson - See	e instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS 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")				e not limited to the space on the on this form. Attach additional s, if necessary.	
			FILING	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
			INSTR this fo	CUCTIONS on who must file form and how to fill it out on page 3.	

		-	And a second				
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						
N/A	N/A			7			
N/A	N/A						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF CREDITOR			ADDRES	S OF CREDITOR			
	P.O. Box 650783 Dallas, TX 75265-0783						
GM Financial (AUTO LOAN)	P.O. Box 78143 Phoenix, AZ 85062-8143						
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			N/A			
ADDRESS OF BUSINESS ENTITY	ADDRESS OF BUSINESS ENTITY N/A		N/A				
PRINCIPAL BUSINESS ACTIVITY	N/A		N/A				
POSITION HELD WITH ENTITY	N/A			N/A			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				N/A			
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A		N/A			
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	R:	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 instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.				
Date Signed:							
05/11/2023		CPA/Attorney Signature:					
		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.			<b>Candidates</b> file this form together with their filing papers. <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.				
<b>Local officers/employees</b> 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.		<ul> <li>WHEN TO FILE: <i>Initially</i>, each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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.</li> <li><i>Candidates</i> must file at the same time they file their qualifying</li> </ul>					
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.			<ul> <li>papers.</li> <li>Thereafter, file by July 1 following each calendar year in which they hold their positions.</li> <li>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.</li> </ul>				

filing method. Form 6s will not be accepted via email.

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CE FORM 1 - Effective: January 1, 2023. Incorporated by reference in Rule 34-8.202(1), F.A.C.