FORM 1

STATEMENT OF

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, , , ,	ow:	FINANCIAL				
LAST NAME FIRST NAME MII	DDLE NA	ME:				
Harp, Rebekah Colleen						
MAILING ADDRESS :						
1406 SW 8th Place						
CITY:	Z	IP: COUNTY:				
Cape Coral	FL	Lee				
NAME OF AGENCY: Southwest Florida Regiona	l Plann	ing Council				
NAME OF OFFICE OR POSITION	HELD C	R SOUGHT :				
Deputy Director/Business (Operati	ons Manager				
CHECK ONLY IF CANDIDA	re or	■ NEW EMPLOYEE OF	RAPPOINTEE			
	****	THIS SECTION MUS	ST BE COMPLET	ΓED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	OR CALENDAR YEAR	ENDING DEC	CEMBER 31, 2021.	
MANNER OF CALCULATIN	IG RFP	ORTABLE INTERESTS:				
FILERS HAVE THE OPTION O	_			UTE DOLLAF	VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR					D ON PERCENTAGE VALUES	
(see instructions for further deta	,	ENTAGE) THRESHOLDS	· 🔽	•	E THRESHOLDS	
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PART A PRIMARY SOURCES O (If you have nothing to			the reporting person - See	e instructions]		
NAME OF SOURCE		ı SO	URCE'S	ı DE	SCRIPTION OF THE SOURCE'S	
OF INCOME			DRESS		PRINCIPAL BUSINESS ACTIVITY	
SW FL Regional Planning	Couni	PO Box 60933, Cape (Coral, FL 33906	Government Planning Agency		
PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to	ts, and ot	her sources of income to busine	sses owned by the reportin	ng person - See	instructions]	
[Major customers, clien (If you have nothing t o NAME OF	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
[Major customers, clien (If you have nothing t o NAME OF BUSINESS ENTITY	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a")			•	
[Major customers, clien (If you have nothing t o NAME OF	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
[Major customers, clien (If you have nothing t o NAME OF BUSINESS ENTITY	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
[Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	<u> </u>	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
[Major customers, clien (If you have nothing t o NAME OF BUSINESS ENTITY	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You are lines o	PRINCIPAL BUSINESS	
[Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY N/A PART C REAL PROPERTY [Land (If you have nothing to	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You are lines of sheets,	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the hot this form. Attach additional	
[Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY N/A PART C REAL PROPERTY [Land	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You are lines of sheets,	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional if necessary.	
[Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY N/A PART C REAL PROPERTY [Land (If you have nothing to	ts, and ot o report, NA	her sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	You are lines or sheets, and will locate.	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional if necessary. INSTRUCTIONS for when nere to file this form are	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc See instructions] ne" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Suncoast Schools Federal Credit Union	P.O. Box 11904 Tampa, FL 33680		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	[Ownership or positions in certain types of businesses - See instructions] " 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			
NATURE OF MY OWNERSHIP INTEREST			
	c, appointed school superintendents, and commissioners of a community redevelopment 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	E 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:		
Seberal Jai	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:	CPA/Attorney Signature:		
5/31/2022			
	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 filling 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, 2021.