FORM 1

STATEMENT OF

2	02	22
---	----	----

Please print or type your name, mailing address, agency name, and position below:		INTERESTS	FOR	OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDD HEALEY, RICHAR	LE NAME: D Michael			
MAILING ADDRESS: 1048 BLUE HERON	DRIVE			
SANIBEL FL 33957 LEE CITY: ZIP: COUNTY: GENERAL EMPLOYEES PENSION PLAN BOARD OF TRUSTERS		Toucrees	Received City of Sanibel Admin/Legis Department JUN23 2023 AM10:16	
NAME OF AGENCY: BUARD MEMBER	Joque - Line Some OF	7/600/785		
NAME OF OFFICE OR POSITION HI	ELD OR SOUGHT :	4		
CHECK ONLY IF	OR MEW EMPLOYEE OF	R APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	**** THIS SECTION MUST DUR FINANCIAL INTERESTS FO			R 31, 2022.
MANNER OF CALCULATING FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR US (see instructions for further details	JSING REPORTING THRESHOL SING COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL	LY BASED ON P	
COMPARATIVE (PERCENTAGE) THRESHOLDS OR OR DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF I	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See inst	tructions]	
NAME OF SOURCE OF INCOME				ON OF THE SOURCE'S BUSINESS ACTIVITY
CHARLES SCHWAB CO. INC	' .		BROKERAGE	SERVICES
FIDELITY BROKERAGE SERV		Λ .	BROXERAGE	
MUTHINOF AMERICA FINANCE	indre 1160 Broken So	PUND PKWY, BOCAR	170% FL 3348	RETIREMENT SERVICE
	OF INCOME and other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting pe	erson - See instructio	ns]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		RINCIPAL BUSINESS CTIVITY OF SOURCE
NONE				
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 1048 BLUE HERON DR., SANIBEL, FL 33957		-	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when	
			and where to f	ile this form are bottom of page 2.
				S on who must file how to fill it out 3.

in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement: I,	(If you have nothing to report, write "none" o	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
ADDRESS OF CREDITOR NAME OF CREDITOR 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 LOWN 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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he she must complete the following statement: L	Nows			
ADDRESS OF CREDITOR NAME OF CREDITOR 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 LOWN 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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he she must complete the following statement: L				
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 BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY BUSINESS ENTITY PRINCIPAL BUSINESS ENTITY # 1 ADDRESS OF 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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he is she must complete the following statement:		r "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 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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he is he must complete the following statement: I, prepared the form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: Date Signed: CPA/Attorney Signature:	NAME OF CREDITOR	ADDRESS OF CREDITOR		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ENTITY 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: SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement: I,, prepared the form 112.3145, Florida Statutes, and clinistructions to the form. Upon my reasonable knowledge and belief, to disclosure herein is true and correct. CPA/Attorney Signature: CPA/Attorney Signature:	NONE			
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ENTITY 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: SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he does not				
BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 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: SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement:	PART F INTERESTS IN SPECIFIED BUSINESSES [Own	nership or positions in certain types of businesses - See instructions]		
Date Signed: CPA/Attorney Signature: DIOWN MORES OF BUSINESS ACTIVITY PRINCIPAL BUSINESS ACTIVITY 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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorns in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement: I	(If you have nothing to report, write "none" or '			
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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement:	NAME OF BUSINESS ENTITY			
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 If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he is she must complete the following statement: I,	ADDRESS OF BUSINESS ENTITY			
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: SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorns in good standing with the Florida Bar prepared this form for you, he as she must complete the following statement: I,	PRINCIPAL BUSINESS ACTIVITY			
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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorns in good standing with the Florida Bar prepared this form for you, he do not she must complete the following statement: I,	POSITION HELD WITH ENTITY			
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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorns in good standing with the Florida Bar prepared this form for you, he as she must complete the following statement: J	I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
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: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorned in good standing with the Florida Bar prepared this form for you, he can be must complete the following statement: I, prepared the complete the following statement: I, prepared the complete the following statement: I, prepared the complete the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: CPA/Attorney Signature:	NATURE OF MY OWNERSHIP INTEREST			
SIGNATURE OF FILER: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorns in good standing with the Florida Bar prepared this form for you, he as she must complete the following statement: I,	PART G — TRAINING For elected municipal officers, app agency created under Part III, Chapter 163 required to comp	ointed school superintendents, and commissioners of a community redevelopment elete annual ethics training pursuant to section 112.3142, F.S.		
Signature: Signature: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorns in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement: I,	I CERTIFY THAT I HA	VE COMPLETED THE REQUIRED TRAINING.		
Signature: If a certified public accountant licensed under Chapter 473, or attorning good standing with the Florida Bar prepared this form for you, he do she must complete the following statement: I,	IF ANY OF PARTS A THROUGH G ARE CO	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
in good standing with the Florida Bar prepared this form for you, he do she must complete the following statement: I,	SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY		
she must complete the following statement: I,	Signature:	If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Ray prepared this form for you, he or		
Date Signed: 6/19) 2.023 Form 1 in accordance with Section 112.3145, Florida Statutes, and trinstructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature:		she must complete the following statement:		
instructions to the form. Upon my reasonable knowledge and belief, to disclosure herein is true and correct. CPA/Attorney Signature:	1) 1 1200 1/0 10	I,, prepared the CE		
Date Signed: CPA/Attorney Signature:	Pichinal Migreake	instructions to the form. Upon my reasonable knowledge and belief, the		
6/19) ZOZ3 CPA/Attorney Signature:	Date Signed:	disclosure herein is true and correct.		
	<u> </u>	CPA/Attorney Signature:		
Date Signed.	.6/19/2020	Date Signed:		
FILING INSTRUCTIONS:	EII ING INGEDIIGEEANG	Date digited.		

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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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.