FORM 1	STATEN	IENT OF		2020	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL	1 - 1				
Healy, Micha	el John				
2701 SW 4th	Ave				
CITY: COUNTY: COUNTY: 33914 Lee					
NAME OF AGENCY:	k of Court				
NAME OF OFFICE OR POSITION HE	D OR SOUGHT:				
General Cou	u sel				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE			
	*** THIS SECTION MUS	ST BE COMPLETE	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2020.	
MANNER OF CALCULATING IN FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details). COMPARATIVE (P.	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE		
PART A PRIMARY SOURCES OF IN (If you have nothing to repo	COME [Major sources of income to	the reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME	l so	SOURCE'S ADDRESS			
Lee County Clerk of Cour		Myers, FL 33902			
The state of the s		<i>f</i> • • <i>f</i> • • <i>f</i> • <i>f</i> • <i>f</i> • <i>f</i> • <i>f</i> • <i>f</i> • • <i>f</i> • <i>f</i> • • <i>f</i> • • • • • • • • • • • • • • • • • • •			
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting po	erson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE			
N/A					
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.	
N/A	FILING INSTRUCTIONS for when 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 [Sto (If you have nothing to report, write "non-	e" or "n/a")			•			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Centenial Bank Savings Acct.	personal						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
U.S. Dept. of Education	Po Box 69184 Harrisburg, PA 17106						
<u> </u>							
PART F — INTERESTS IN SPECIFIED BUSINESSES [((If you have nothing to report, write "none"				inesses - See instructions] 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: Date Signed:		CPA or ATTORNEY SIGNATURE ONLY 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. CPA/Attorney Signature: Date Signed:					
FILING INSTRUCTIONS:		Date	Signed.				

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, 2020.