FORM 1

STATEMENT OF

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Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	'	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	E NAME :			
Hoagland, Jennifer L				
MAILING ADDRESS :				
1401 SW 43rd Terrace				
CITY:	ZIP: COUNTY:			
Cape Coral	33914 Lee			
NAME OF AGENCY: City of Cape Coral Charter Scl	anals			
NAME OF OFFICE OR POSITION HEI				
Oasis High School Parent Repr				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE		
*	*** TUIC CECTION MIII	T DE COMDI ETEI	*** *	
DISCLOSURE PERIOD:	*** THIS SECTION MUS	BE COMPLETED	^^^^ כ	
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022.
MANNER OF CALCULATING I	REPORTABLE INTERESTS:			
FILERS HAVE THE OPTION OF U	SING REPORTING THRESHOL	DS THAT ARE ABSOLUTE		
FEWER CALCULATIONS, OR USI (see instructions for further details).				ED ON PERCENTAGE VALUES
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PART A PRIMARY SOURCES OF IN	COME [Major sources of income to	the reporting person - See ins	tructions]	
(If you have nothing to repo	ort, write "none" or "n/a")			
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(If you have nothing to rep osition of the source of income	SO	JRCE'S DRESS	Р	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
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PART C REAL PROPERTY [Land, be	1314 Cape Coral Pkwy Cape Coral, FL 33904 FINCOME and other sources of income to busine port, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OF SOURCE	POffice 1 erson - See	PRINCIPAL BUSINESS ACTIVITY manager PRINCIPAL BUSINESS ACTIVITY OF SOURCE Pe not limited to the space on the on this form. Attach additional is, if necessary.
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PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Cash on hand, IRA	Wells Fargo					
Stock	McGraw-Hill Financial Inc.					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	•					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Achieva Credit Union	2127 Del Prado Blvd S, Cape Coral, FL 33990					
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					
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 AR	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILER:		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:				
Jennifer L. Hoagland		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:				
06/30/2023		Date Signed:				
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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, 2022.