FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:			
MAILING ADDRESS:	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
		LOCAL OFF SPECIFIED		STATE OFFICER PLOYEE	
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD:			
*** <u>E</u> DISCLOSURE PERIOD:	OTH PARTS OF THIS SEC	TION <u>MUST</u> BE COMPLE	TED***		
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2022 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS, 2022. (Date must be prior to 12/31/22)					
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):					
COMPARATIVE (PERCENTAGE) THRESHOLDS					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE I SOURCE'S I DESCRIPTION OF THE SOURCE'S					
OF INCOME	ADDR	ESS	PRINCIPAL BUSINESS ACTIVITY		
			_		
			_		
			_		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME					
DUSINESS ENTITY	OF BUSINESS INCOME	OF SOURCE ACTIVITY OF SOURCE		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")			and v	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.	
			this f	RUCTIONS on who must file form and how to fill it out n on page 3 of this packet.	

2022

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "non		cates of deposit, etc See	instructions]		
TYPE OF INTANGIBLE	BL	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none					
NAME OF CREDITOR	ļ	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none		sitions in certain types of bu	usinesses - See instructions]		
NAME OF BUSINESS ENTITY	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					
IF ANY OF PARTS A THROUGH F ARI		N A SEPARATE SHEE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	<u>R:</u>	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:			
DURWARD HUSSET	<i>f</i>	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable			
Date Signed:		knowledge and belief	, the disclosure herein is true and correct.		
		CPA/Attorney Signature			
		Date Signed			
FILING INSTRUCTIONS:					
WHEN TO FILE: may file by mail or email. Contact your Supervisor To determine what category your position At the end of office or employment each of Elections for the mailing address or email address to use. <u>Do not email your form to the</u> falls under, see the "Who Must File" Instructions on page 3. state employee is required to file a final Commission on Ethics, it will be returned. NOTE:					

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. Form 1F. Choose only one filing method.

If you are leaving office or employment during the first half of 2022, you may not have filed Form 1 for 2021. In that case, this is not the last form you will file. Form 1F covers January 1, 2022, through your last day of office or employment. You will be required to file Form 1 for 2021 by July 1, 2022, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE

orm (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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