| FORM 1 | STATEME | ENT OF | | 2021 |
|--|--|---|-----------------------------|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL I | NTERESTS | | FOR OFFICE USE ONLY: |
| LAST NAME FIRST NAME MIDDLI | E NAME : | | | |
| Jaremczuk, Gabrielle Anna | | | | |
| MAILING ADDRESS : | | | | |
| 15578 Iona Lakes Drive | | | | |
| | | | | |
| CITY: | ZIP: COUNTY: | | | |
| NAME OF AGENCY : | 33908 Lee | | | |
| Lee County School District | | | | |
| NAME OF OFFICE OR POSITION HEI Director of Finance | LD OR SOUGHT : | | | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR AF | PPOINTEE | | |
| * | *** THIS SECTION MUST | BE COMPLETED | *** | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO | | | | FMBER 31. 2021. |
| The one can be a seed to the | | 0/122/10/11/12 | | |
| MANNER OF CALCULATING I | | | | |
| FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI | | | | |
| The state of the s | . CHECK THE ONE YOU ARE US | | DAGED | ON PENOLIVINOL VALUES |
| | | | R VALUE | THRESHOLDS |
| | · · · · · · · · · · · · · · · · · · · | | | |
| PART A PRIMARY SOURCES OF IN (If you have nothing to rep | ICOME [Major sources of income to the ort, write "none" or "n/a") | reporting person - See Instru | ctions | |
| | | OFIO I | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF INCOME | SOUR(ADDR) | | PRINCIPAL BUSINESS ACTIVITY | |
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | and the second second second |
| PART B SECONDARY SOURCES Of Major customers, clients, at | OF INCOME nd other sources of income to businesses | s owned by the reporting pers- | on - See in | estructions |
| | port, write "none" or "n/a") | , | | |
| NAME OF | NAME OF MAJOR SOURCES | ADDRESS | | PRINCIPAL BUSINESS |
| BUSINESS ENTITY | OF BUSINESS' INCOME | OF SOURCE | | ACTIVITY OF SOURCE |
| N/A | | | | |
| | | | | |
| | | | | |
| PART C REAL PROPERTY [Land, but | | See instructions] | | not limited to the space on the |
| N/A | or, write none or ma ; | | | this form. Attach additional f necessary. |
| | | * | FILING | INSTRUCTIONS for when |
| 1.0000000000000000000000000000000000000 | | | | are to file this form are at the bottom of page 2. |
| | | | INSTRU | CTIONS on who must file |
| | | | this form | m and how to fill it out n page 3. |

| 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 "nor | ie" or "n/a") | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| Chrysler Capital | PO Box 961275 Fort Worth, TX 76161 | | | |
| Nelnet | PO Box 82561 Lincoln, NE 68501 | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES | Ownership or position | as in certain types of busin | nesses - See instructions | |
| (If you have nothing to report, write "none | " or "n/a") | SENTITY#1 | BUSINESS ENTITY # 2 | |
| NAME OF BUSINESS ENTITY | IN/A | SENIIII#1 | BOSINESS ENTIT # 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 sun | erintendents and commis | signers of a community redevelopment | |
| agency created under Part III, Chapter 163 required to | | | | |
| ☐ I CERTIFY THAT I | HAVE COMPL | ETED THE REQU | IRED TRAINING. | |
| | E CONTINUED ON | A SEPARATE SHEE | T PI FASE CHECK HERE | |
| IE ANY OF DADTS A THROUGH G ARI | | I A OLI ANAIL OIILL | I, I LEAGE CHECK HERE | |
| IF ANY OF PARTS A THROUGH G ARI | | | DMEY CICMATURE ONLY | |
| IF ANY OF PARTS A THROUGH G ARI | | CPA or ATTO | RNEY SIGNATURE ONLY | |
| | | CPA or ATTO If a certified public account in good standing with the | ntant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or | |
| SIGNATURE OF FILE Signature: | <u>R:</u> | CPA or ATTO | ntant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement: | |
| SIGNATURE OF FILE Signature: | <u>R:</u> | CPA or ATTO If a certified public accousin good standing with the she must complete the found in the complete the complet | ntant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement:, prepared the Cl | |
| SIGNATURE OF FILE | <u>R:</u> | CPA or ATTO If a certified public accousin good standing with the she must complete the form. I, Form 1 in accordance with instructions to the form. | ntant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement:, prepared the Cl th Section 112.3145, Florida Statutes, and th Jpon my reasonable knowledge and belief, th | |
| SIGNATURE OF FILE Signature: | <u>R:</u> | CPA or ATTO If a certified public accousin good standing with the she must complete the for I, Form 1 in accordance with instructions to the form. It disclosure herein is true | ntant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement:, prepared the Cl th Section 112.3145, Florida Statutes, and th Jpon my reasonable knowledge and belief, th | |
| SIGNATURE OF FILE Signature: | <u>R:</u> | CPA or ATTO If a certified public accousin good standing with the she must complete the form. I, Form 1 in accordance with instructions to the form. | ntant licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement:, prepared the Cf th Section 112.3145, Florida Statutes, and the Jpon my reasonable knowledge and belief, the | |

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, 2021.