FORM 1 STATEMENT OF 2021 **FINANCIAL INTERESTS** Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME : MAILING ADDRESS CITY: ZIP: COUNTY: Fort 339*0*8 ee CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021. 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). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 8191 Col #303 1500 FIN 33919 PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the 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 OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space on the (If you have nothing to report, write "none" or "n/a") lines on this form. Attach additional

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CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8 202(1), F.A.C.

sheets, if necessary.

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.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Membership Units	Kagan Law Firm, PL
	J = 200
PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, write "n	tions] none" or "n/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR
None	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "no	[Ownership or positions in certain types of businesses - See instructions]
NAME OF BUSINESS ENTITY	BUSINESS ENTITY#1 Kagan Law Firm BUSINESS ENTITY#2
ADDRESS OF BUSINESS ENTITY	8197 College FKWY #303 FM FL 33919
PRINCIPAL BUSINESS ACTIVITY	Law Firm
POSITION HELD WITH ENTITY	Owner / Attorney
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	
NATURE OF MY OWNERSHIP INTEREST	Membership Units
PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required to	ers, appointed school superintendents, and commissioners of a community redevelopment 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 A	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FIL	
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:
60 1 - 0 10	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the
Elizabeth P. (instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.
Date Signed:	Ill Instructions to the form. Upon thy reasonable knowledge and heller the
	disclosure herein is true and correct.

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

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 for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.