FORM 1	STATEM	ENT OF	2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE	NAME: r Lynn		
MAILING ADDRESS: 3724 Se IXT AVE			
	- AND		
CITY: (ape bonal	ZIP: 33904 COUNTY:	Ul	
120 16	e preservation bo	ord	
NAME OF OFFICE OF POSITION HELD AT LARGE BOOK	1. 10.1		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING RI	EPORTABLE INTERESTS:	R CALENDAR YEAR EN	DING DECEMBER 31, 2022. E DOLLAR VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USIN (see instructions for further details).	G COMPARATIVE THRESHOL	DS, WHICH ARE USUAL SING (must check one)	LY BASED ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF INC	OME [Major sources of income to t	ne reporting person - See ins	tructions]
NAME OF SOURCE OF INCOME	I sou	RCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Raucem Spirits & Times	1011 St 47 m ter (m)	ou Loval, Ft 33914	Billiards
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	tother sources of income to busines	ses owned by the reporting p	erson - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, but (If you have nothing to report	ldings owned by the reporting persort, write "none" or "n/a")	n - See instructions]	You are not limited to the space on the lines on this form. Attach additional 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
	BOOKESO ENTITIO WHISH THE PROFESSION
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	
NAME OF CREDITOR	ADDRESS OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" of NAME OF BUSINESS ENTITY	or "n/a") 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	
agency created under Part III, Chapter 163 required to co	ippointed school superintendents, and commissioners of a community redevelopment implete annual ethics training pursuant to section 112.3142, F.S. HAVE COMPLETED THE REQUIRED TRAINING.
UNIVERSE LINE AND ADDRESS OF THE PARTY OF TH	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILES Signature:	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

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, Bidg 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.