FORM 1

STATEMENT OF FINANCIAL INTERESTS

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Z	U	Z	Z

Please print or type your name, mailing

FOR OFFICE USE ONLY:

address, agency name, and position belo	ow:					FOR OFFICE USE ONLI.	
LAST NAME FIRST NAME MII	DDLE NAME :						
KINGSTON ASHLEY RIA	AN						
MAILING ADDRESS :				1			
1440 VENETIAN COURT	1						
				1			
CITY:	ZIP :	COUNTY:		1			
CAPE CORAL	33904	LEE					
NAME OF AGENCY : TIMBER CREEK SW CDI	D, TERN B	AY CDD, PALER	MO CDD, &				
NAME OF OFFICE OR POSITION ISLAND LAKE ESTATES			DMAN	1			
				l			
CHECK ONLY IF CANDIDAT	TE OR [NEW EMPLOYEE OF	RAPPOINTEE				
	**** THI	S SECTION MUS	ST BE COMP	LETED	****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	VOLID EINIA	NOIAL INTEDESTS EA	JB (V) ENDVD \	EVB EVIL	ING DE	PEMBER 31 2022	
THIS STATEMENT REPLECTS	TOUR FINA	NOIME IINTERESTS FO	JN GALENDAR Y	LAR ENL	אווע טבווי	JEINIDEN JI, ZUZZ.	
MANNER OF CALCULATIN							
FILERS HAVE THE OPTION O						•	
FEWER CALCULATIONS, OR (see instructions for further details)					T BASE	D ON PERCENTAGE VALUES	
•	,	AGE) THRESHOLDS	or ⊻	•	AR VAI I	IE THRESHOLDS	
	`	•				Z THILLOHOLDO	
PART A PRIMARY SOURCES O (If you have nothing to			the reporting person	ı - See instr	ructionsj		
NAME OF SOURCE OF INCOME		SOURCE'S				SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
LENNAR HOMES LLC	104	ADDRESS 10461 SIX MILE CYPRESS PARKW			HOME BUILDER		
22 TOTAL HOWLE CIT RESSTARKWAT HOWLE BUILDER				BOILDER			
DART R. OFFICE ARY COLURS							
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	ts, and other so	urces of income to busine	sses owned by the re	eporting per	rson - See	instructions]	
NAME OF BUSINESS ENTITY		F MAJOR SOURCES JSINESS' INCOME		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A	01 100	JOINEGO INGOME	0, 00	ONOL		ACTIVITY OF COOKE	
1771							
PART C REAL PROPERTY [Lan	d huildings ow	ned by the reporting pared	n - See instructions		Va	not limited to the course on the	
(If you have nothing to			on - oee manuchonsj	'	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
PORTICO TOWNHOUSE				FILING INSTRUCTIONS for when			
PORTICO TOWNHOUSE					here to file this form are d at the bottom of page 2.		
				INSTRUCTIONS on who must file this form and how to fill it out			
						on page 3.	

TYPE OF INTANGIBLE	ne" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
N/A						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
PNC - MORTGAGE						
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a")	ons in certain types of bus	sinesses - See instructions] BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	N/A	30 <u>2</u> " .				
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 agency created under Part III, Chapter 163 required to	, appointed school su complete annual ethic	perintendents, and comm s training pursuant to secti	issioners of a community redevelopment on 112.3142, F.S.			
☑ I CERTIFY THAT I	HAVE COMP	LETED THE REQ	UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	CONTINUED O	N A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILER:		CPA or ATT	ORNEY 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:				
ASHLEY KINGSTON Date Signed:		instructions to the form	I,			
7/1/2023						

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

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.