## FORM 1

## STATEMENT OF FINANCIAL INTERESTS

2022

Please print or type your name, mailing address, agency name, and position be	low: FINA	NCIAL IN	<b>TERESTS</b>	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI	IDDLE NAME :				
Kirchner Matthew Alan			Mark the county to the con-		
MAILING ADDRESS :					The same was a series
5279 Lady Finger Lake Rd	1				
	100				
CITY:	ZIP:	COUNTY:		Received:	rialativa Danautmant
Sanibel	33957	Lee	Mary State of the Control		gislative Department , Mon., March 6, 2023
NAME OF AGENCY :	o - sea establica de como	a stadios, un sudundo l	The secretary district		reas animismo line
City of Sanibel					CARDON WASANDA, A
NAME OF OFFICE OR POSITION	HELD OR SOUGHT :		A Maria		
Planning Commissioner					
CHECK ONLY IF _ CANDIDA	TE OR NE	W EMPLOYEE OR APP	POINTEE		The former of the most line at
and the second of the second o	**** THIS SE	CTION MUST	BE COMPLETE	D ****	
DISCLOSURE PERIOD:	THIO OL	orion <u>moor</u> i	DE GOIMI EETE		
THIS STATEMENT REFLECTS	YOUR FINANCIAL	INTERESTS FOR C	ALENDAR YEAR EN	DING DEC	EMBER 31, 2022.
MANNER OF CALCULATIN	NG REPORTABLE	INTERESTS:			nder i deltast – 6 me. Leitse Themiskyn vone
FILERS HAVE THE OPTION O	F USING REPORTI	NG THRESHOLDS T			HANGE MELANDER STATE OF THE ST
FEWER CALCULATIONS, OR					ON PERCENTAGE VALUES
(see instructions for further det	and the second s		the average and the company of	or a men to entry this to	TURESUOI RO
THE VERY TONIAL PRICHES	E (PERCENTAGE) 1				E THRESHOLDS
PART A PRIMARY SOURCES C (If you have nothing to			eporting person - See in	structions]	Signature:
Tubir Sec	ar provedict and statute	allot and where they been ede if			
NAME OF SOURCE OF INCOME	n 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Kirchner Contracting Inc	P.O. Box	P.O. Box 143 Sanibel FL		Residential Contraction	
	5279 Lac	5279 Lady Finger Lake Rd., Sanibel			Date Sugned:
	191021189270	56公共A,A6732-基			
	and the second second	sengin sietlig	A STATE OF THE STA		the state of the s
PART B SECONDARY SOURC	ES OF INCOME				
[Major customers, clien		f income to businesses or "n/a")	owned by the reporting p	person - See	nstructions]
NAME OF	NAME OF MAJO		ADDRESS	en sekkien. Po sekkien	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINES		OF SOURCE		ACTIVITY OF SOURCE
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				spectrall and	and the second of the second s
DADT C DEAL DOODEDTY I a	nd buildings owned by	the reporting person. S	ae instructions!	V	
PART C REAL PROPERTY [Lai (If you have nothing to			See instructions]		not limited to the space on the this form. Attach additional
	report, write "none"	or "n/a")	ee instructions]	lines or sheets,	this form. Attach additional if necessary.
(If you have nothing to	report, write "none"	or "n/a")	nthe eff cow seem	lines or sheets,	this form. Attach additional
(If you have nothing to	report, write "none"	or "n/a")	nthe eff cow seem	lines or sheets, FILING and wh	this form. Attach additional if necessary.
(If you have nothing to	report, write "none"	or "n/a")	nthe eff cow seem	lines or sheets,  FILING and wh located	this form. Attach additional if necessary.  INSTRUCTIONS for when ere to file this form are

(If you have nothing to report, write "none" or "  TYPE OF INTANGIBLE	
N/A	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
1422	
PART E — LIABILITIES [Major debts - See instructions]  (If you have nothing to report, write "none" or "r	NoW.
NAME OF CREDITOR	
N/A	ADDRESS OF CREDITOR
1021	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Owners (If you have nothing to report, write "none" or "n/a"	hip or positions in certain types of businesses - See instructions]
NAME OF BUSINESS ENTITY   N/A	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY N/A	
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	ed school superintendents, and commissioners of a community redevelopment
	difficulty damage pursually to section 112.3142. F.S.
☐ I CERTIFY THAT I HAVE	COMPLETED THE REQUIRED TRAINING.
	INUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILER:	
	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
1/m 1.1 1 // /	and must complete the following statement:
WINAUIA II II A	, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the
1 (MM) (1) por 1/19/1/19	Ill instructions to the form Unan muranes all the
Data Circular	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.
Date Signed:	disclosure nerent is true and correct.
Date Signed:03-06-2023	disclosure herein is true and correct.  CPA/Attorney Signature:  Date Signed:

form to that location. To determine what category your position falls your annual disclosure filing, return the 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 CFForm1@leg state flux and rotain a service. 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.

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