FORM 1	STATEMENT OF	2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE Knight Robert Donald	NAME:	
MAILING ADDRESS : PO Box 100692		
CITY : Cape Coral	ZIP: COUNTY: 33910-0692 Lee	
NAME OF AGENCY: Lee County Commission	on	
NAME OF OFFICE OR POSITION HELE Executive Regulatory Oversi		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
FEWER CALCULATIONS, OR USIN (see instructions for further details).  COMPARATIVE (PE	NING REPORTING THRESHOLDS THAT ARE ABS NG COMPARATIVE THRESHOLDS, WHICH ARE CHECK THE ONE YOU ARE USING (must chec RCENTAGE) THRESHOLDS OR	USUALLY BASED ON PERCENTAGE VALUES one): DOLLAR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to the reporting person - rt, write "none" or "n/a")	See instructions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Investment Portfolio		
	之。 《《《《《································	Market Control of the
PART B — SECONDARY SOURCES OF [Major customers, clients; an (If you have nothing to repo	d other sources of income to businesses owned by the rep	orting person - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRE OF BUSINESS' INCOME OF SOU	
None		
PART C REAL PROPERTY (Land, but (If you have nothing to report Residential Home	Ildings owned by the reporting person - See instructions] rt, write "none" or "n/a")	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.

(If you have nothing to report, write "non TYPE OF INTANGIBLE		WHICH THE PROPERTY RELATES	
Stocks and Bonds	None None	WRIGHT THE FROMER IT RELATES	
Stocks and Borids	None		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
None		-	
PART F — INTERESTS IN SPECIFIED BUSINESSES  (If you have nothing to report, write "none"  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY	or "n/a")  BUSINESS ENTITY # 1  Paul Homes of Florida LLC  PO Box 100692,Cape Coral FL	BUSINESS ENTITY # 2 BG Cape LLC PO Box 100692, Cape Coral FL	
PRINCIPAL BUSINESS ACTIVITY	Residential Construction	Land Holdings	
POSITION HELD WITH ENTITY	Member	Member	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Ýes	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	
	HAVE COMPLETED THE REC	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILE		ORNEY SIGNATURE ONLY	
Signature:  Date Signed: / /	in good standing with she must complete the i,	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,	
8/6/2022	CPA/Attorney Signatur  Date Signed:	e:	
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Et Supervisor of Elections for your annual disclosure form to that location. To determine what category you	filing, return the	n together with their filing papers.  **IECESSARY: A candidate who files a Form	

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 filling method. Form 65 will not be accented via armail. 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 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, 2021.