FORM 1	STATE	STATEMENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDL Knight Robert Doi	· · · · - · · · ·			· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS: PO Box 100692	,				
-	ZIP: COUNTY: 33910-0692 LEE	:			
NAME OF AGENCY : Lee County Commis					
NAME OF OFFICE OR POSITION HE Executive Regulator	LD OR SOUGHT: y Oversiight Committe	ee			
CHECK ONLY IF (CANDIDATE	OR NEW EMPLOYEE C	R APPOINTEE		· · · · · · · · · · · · · · · · · · ·	
** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO MANNER OF CALCULATING I FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	UR FINANCIAL INTERESTS F REPORTABLE INTERESTS SING REPORTING THRESHO NG COMPARATIVE THRESHO	: .DS THAT ARE ABSOLUTE PLDS. WHICH ARE USUAL	DING DEC	VALUES, WHICH REQUIRES	
	ERCENTAGE) THRESHOLDS			E THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See inst	ructions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Investment Portfolio					
		•		No. of the second secon	
PART B — SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting per	rson - See i	nstructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDŘESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None		,			
PART C - REAL PROPERTY [Land, but (If you have nothing to report Residential Home	ildings owned by the reporting persort, write "none" or "n/a")	n - See instructions]	lines on	not limited to the space on the this form. Attach additional if necessary.	
			and wh	INSTRUCTIONS for when ere to file this form are at the bottom of page 2.	
			INSTRU	ICTIONS on who must file m and how to fill it out in page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Ste (If you have nothing to report, write "non	e" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks and Bonds				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] : e" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None				
	Mary Street St. W. Colors Marine St.			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	Ownership or position or "n/a")	ns in certain types of bus	inesses - See instructions]	
·	BUSINES	SENTITY#1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		of Florida LLC	BG Cape LLC	
ADDRESS OF BUSINESS ENTITY		2, Cape Coral, FL	PO Box 100692, Cape Coral, FL	
PRINCIPAL BUSINESS ACTIVITY	Residential Construction		Land Holdings	
POSITION HELD WITH ENTITY	Owner		Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		Yes	
NATURE OF MY OWNERSHIP INTEREST	100%		100%	
	HAVE COMPL	training pursuant to section ETED THE REQU	INED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	I A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: 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: 1,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the		
Date Signed: 6-14-2-23	· ·	disclosure herein is true and correct. CPA/Attorney Signature:		
E 11-00-EJ		Date Signed:		
FILING INSTRUCTIONS:		Date Oigned:		
If you were mailed the form by the Commission on Ett Supervisor of Elections for your annual disclosure to form to that location. To determine what category your under use page 3 of instructions.	iling, return the	ULTIPLE FILING UNNE	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission	

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 the Commission on Elections for the Commission on Elections to the Commission on Elections for the Commission on Elections to the Commission of th 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, Ft. 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, Ft. 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.

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 is the filer was in his or hos notition as December 34, 2002 If the filer was in his or her position on December 31, 2022.