FORM 1

STATEMENT OF

202	1
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Please print or type your name, mailing address, agency name, and position below.	ow: FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MII	DDLE NAME :		_
MAILING APPRESS			
MAILING ADDRESS :			
CITY:	ZIP: COUNTY	i e	
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:		
CHECK ONLY IE D CANDIDA		OD ADDOINTEE	
CHECK ONLY IF CANDIDAT	TE OR	DR APPOINTEE	
DISCLOSURE PERIOD:	**** THIS SECTION MU	<u>JST</u> BE COMPLETED	****
2.002000.12.2.11.02.	YOUR FINANCIAL INTERESTS	FOR CALENDAR YEAR END	DING DECEMBER 31, 2021.
MANNER OF CALCULATIN	G REPORTABLE INTEREST	S:	
FILERS HAVE THE OPTION O	F USING REPORTING THRESHO	DLDS THAT ARE ABSOLUTE	DOLLAR VALUES, WHICH REQUIRES
	USING COMPARATIVE THRESH iils). CHECK THE ONE YOU ARI		LY BASED ON PERCENTAGE VALUES
`	(PERCENTAGE) THRESHOLDS	,	AR VALUE THRESHOLDS
	F INCOME [Major sources of income	to the reporting person - See inst	ructions
		io the reporting person - dee mat	
	report, write "none" or "n/a")	to the reporting person - dee insti	,
	report, write "none" or "n/a")	OURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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(If you have nothing to NAME OF SOURCE	report, write "none" or "n/a")	OURCE'S	DESCRIPTION OF THE SOURCE'S
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(If you have nothing to NAME OF SOURCE OF INCOME PART B SECONDARY SOURCE [Major customers, client	report, write "none" or "n/a") S A	OURCE'S IDDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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PART B SECONDARY SOURCE [Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY	report, write "none" or "n/a") SOLUTION SOLUTIO	OURCE'S DDRESS nesses owned by the reporting pe ADDRESS OF SOURCE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY rson - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE You are not limited to the space on the
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks (If you have nothing to report, write "none" of				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF BUSINESS ENTITY	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				
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.				
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED 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			
Date Signed:	I,, 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 disclosure herein is true and correct.			
	CPA/Attorney Signature:			
	Date Signed:			
FILING INSTRUCTIONS:				

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 filling 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.