FORM 1	STATEN	MENT OF	2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	TS FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDI Kolk Jr. Richard	LE NAME :			
MAILING ADDRESS: 7634 Winged Foot Dr				
CITY: Fort Myers  NAME OF AGENCY:	ZIP: 33967 COUNTY:	Lee		
Lee County Board of Cou	nty Commissioners			
NAME OF OFFICE OR POSITION HE Business Operations Mana				
CHECK ONLY IF	OR NEW EMPLOYEE OF	RAPPOINTEE		
FEWER CALCULATIONS, OR US (see instructions for further details)	REPORTABLE INTERESTS: SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	E DOLLAR VALUES, WHICH REQUIRES LLY BASED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
None				
PART B SECONDARY SOURCES O [Major customers, clients, at (If you have nothing to rep	nd other sources of income to business	sses owned by the reporting pe	erson - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, 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.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	5)	s of deposit, etc See ins	tructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
None				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None				
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")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	None			
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 c	complete annual ethics	training pursuant to section	on 112.3142, F.S.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, 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 she must complete the following statement:  I,		
Date Signed: 6/2/23		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 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 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, 2022.