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 |
| (If you have nothing to NAME OF SOURCE | report, write "none" or "n/a") | OURCE'S | DESCRIPTION OF THE SOURCE'S |
| (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 | report, write "none" or "n/a") S A | OURCE'S IDDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
| (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 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 | PRINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSINESS ACTIVITY OF SOURCE 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 |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a") | | | | |
|---|---|--|--|--|
| 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 | | | | |
| | inted school superintendents, and commissioners of a community redevelopment | | | |
| agency created under Part III, Chapter 163 required to complet | | | | |
| ☐ 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 she must complete the following statement: | | | |
| 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 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

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.