| FORM 1 | STATEM | ENT OF | | 2022 | |
|---|---|--|--------------------------|---|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDDLE | NAME : | ſ | | | |
| Liberto Nicholas Paul | 18 Mar 19 Mar | | | | |
| MAILING ADDRESS : 13453 Villa Di Preserve Lane | | | | | |
| | · | | | | |
| CITY : | 710 | | | | |
| | ZIP: COUNTY: 33928 Lee | | | | |
| NAME OF AGENCY : | · · · · · · · · · · · · · · · · · · · | | | | |
| Cypress Shadows CDD | | | | | |
| NAME OF OFFICE OR POSITION HEL Supervisor Seat 1 | .D OR SOUGHT : | | | | |
| | | APPOINTEE | | | |
| | | | | | |
| * DISCLOSURE PERIOD: | *** THIS SECTION MUS | T BE COMPLETED | **** | | |
| THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022. | | | | | |
| MANNER OF CALCULATING F | REPORTABLE INTERESTS: | | | | |
| FILERS HAVE THE OPTION OF US | | | | | |
| FEWER CALCULATIONS, OR USI (see instructions for further details). | | | LY BASE | D ON PERCENTAGE VALUES | |
| | ERCENTAGE) THRESHOLDS | | AR VALU | E THRESHOLDS | |
| PART A PRIMARY SOURCES OF IN | | the reporting person - See inst | ructions] | | |
| (If you have nothing to rep | | | | | |
| NAME OF SOURCE OF INCOME | | SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY | | | |
| Ninan, Inc. | 13453 Villa Di Preserv | erve Ln, Estero, FL 339. Engineering COnsultant Firm | | | |
| SSA | | Social Security | | | |
| Wells Fargo Bank | I | | interest on Accounts | | |
| Janney | | | Stocks & Dividend Income | | |
| PART B SECONDARY SOURCES C [Major customers, clients, a | OF INCOME nd other sources of income to busine: | sses owned by the reporting pe | rson - See | instructions] | |
| | port, write "none" or "n/a") | , | | | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| N/A | | | | | |
| · · · · · | | | | | |
| ······································ | | | | ···· | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | | | | |
| (If you have nothing to rep | ort, write "none" or "n/a") | | | n this form. Attach additional , if necessary. | |
| N/A | | | | G INSTRUCTIONS for when here to file this form are | |
| | | | | d at the bottom of page 2. | |
| | | | this fo | CUCTIONS on who must file orm and how to fill it out on page 3. | |

| PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no | tocks, bonds, certificates of deposit, etc See instructions] ne" or "n/a") | | |
|---|---|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | |
| Savings Account | Wells Fargo | | |
| SEP, IRA, Stock Funds | Janney | | |
| PART E — LIABILITIES [Major debts - See instructio (If you have nothing to report, write "no | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | |
| Wells Fargo - Home Mortgage | Atlanta, GA | | |
| | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none | [Ownership or positions in certain types of businesses - See instructions] e" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 | | |
| NAME OF BUSINESS ENTITY | N/A | | |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINES | s | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |
| agency created under Part III, Chapter 163 required to | rs, appointed school superintendents, and commissioners of a community redevelopment o complete annual ethics training pursuant to section 112.3142, F.S. I HAVE COMPLETED THE REQUIRED TRAINING. | | |
| IF ANY OF PARTS A THROUGH G AF | RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | |
| SIGNATURE OF FIL Signature: Date Signed: 06/16/2023 | ER: 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: I, | | |
| FILING INSTRUCTIONS: If you were mailed the form by the Commission on | Ethics or a County Candidates file this form together with their filing papers. | | |

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.

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.