FORM 1	STATEMENT OF	2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LASTONAME - FIRST NAME - MIDDLE	1	
MAILING ADDRESS	-omet	
-		
NAME OF AGENCY :	Paul 1 - 2. 0	
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:	
Vice Chair		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
** DISCLOSURE PERIOD:	** THIS SECTION MUST BE COMPLETED **	***
	JR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING	G DECEMBER 31, 2021.
MANNER OF CALCULATING R		
	ING REPORTING THRESHOLDS THAT ARE ABSOLUTE DO NG COMPARATIVE THRESHOLDS, WHICH ARE USUALLY I	
	COME [Major sources of income to the reporting person - See instruction	
(If you have nothing to repo		
NAME OF SOURCE	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL/BUSINESS ACTIVITY
Jocia Security	Domarca Center Pby Jomarce ny	J. J.
Cap Coral Pension	1515n. rigt 1 Love Blothings Fr	nor lity Employee
PART B SECONDARY SOURCES OF		
(If you have nothing to repo	d other sources of income to businesses owned by the reporting person ort, write "none" or "n/a")	- See instructions
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA		
1/2		
PART C REAL PROPERTY [Land, but (If you have nothing to report	rt, write "none" or "n/a")	You are not limited to the space on the ines on this form. Attach additional
	10  0  0  0	sheets, if necessary. FILING INSTRUCTIONS for when
-	a	and where to file this form are ocated at the bottom of page 2.
_		NSTRUCTIONS on who must file his form and how to fill it out
	b	begin on page 3.

CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.

TYPE OF INTANGIBLE,	BUSINESS ENTITY TO WHICH	
	BUSINESS ENTITY TO WITCH	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF	CREDITOR
A A.		
PART F — INTERESTS IN SPECIFIED BUS[NESSES [Ownership or pos (If you have nothing to report, write "none" or "n/a")		
NAME OF BUSINESS ENTITY	IESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	4	
PRINCIPAL BUSINESS ACTIVITY	1A	
POSITION HELD WITH ENTITY	1A.	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NIA	
NATURE OF MY OWNERSHIP INTEREST	NA.	
IE ANY OF DARTS A THROUGH & ARE CONTINUED	· · · · · · · · · · · · · · · · · · ·	
Si		EY SIGNATURE ONLY
Date Signed:	I, Form 1 in accordance with Se	ng statement: , prepared the CE ection 112.3145, Florida Statutes, and the my reasonable knowledge and belief, the
	I, Form 1 in accordance with Se instructions to the form. Upon disclosure herein is true and o CPA/Attorney Signature:	ng statement: , prepared the CE ection 112.3145, Florida Statutes, and the my reasonable knowledge and belief, the
August 11, 2022	I,	ng statement: , prepared the CE ection 112.3145, Florida Statutes, and the my reasonable knowledge and belief, the correct.