FORM 1	STATEM	STATEMENT 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 MIDDLI	E NAME :				
MAILING ADDRESS :					
CITY :					
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HEL					
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
	*** THIS SECTION MUS	<u>ST</u> BE COMPLETE	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022.	
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE :		
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to	·			
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE			DESCRIPTION OF THE SOURCE'S		
OF INCOME	ADDRESS		Р	RINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES O					
[Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting p	erson - See	e instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the space on the on this form. Attach additional s, if necessary.	
			FILING	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
			INSTR this fo	CUCTIONS on who must file form and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Si (If you have nothing to report, write "not	tocks, bonds, certific ne" or "n/a")	ates of deposit, etc See inst	ructions]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
			second and second second second		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne" or "n/a")		ANT THAT IS A TAKE		
NAME OF CREDITOR	ADDRESS OF CREDITOR				
MR. COOPER	PO.O BOX 650783 DALLAS, TX 75265				
		VERNO 19			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	e" or "n/a")	itions in certain types of busin	nesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY		and the second se			
ADDRESS OF BUSINESS ENTITY			A TODATOR - BOMORO MODI		
PRINCIPAL BUSINESS ACTIVITY			and the second se		
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	\$				
NATURE OF MY OWNERSHIP INTEREST					
	complete annual eth HAVE COMI	nics training pursuant to section PLETED THE REQU	III2.3142, F.S.		
IF ANY OF PARTS A THROUGH G ARI	E CONTINUED	ON A SEPARATE SHEE	T, PLEASE CHECK HERE		
SIGNATURE OF FILER: Signature:		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,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the			
					Date Signed:
6/29/2023			CPA/Attorney Signature:		
FILING INSTRUCTIONS:		Date Signed.			
If you were mailed the form by the Commission on E Supervisor of Elections for your annual disclosure form to that location. To determine what category y under, see page 3 of instructions. Local officers/employees file with the Supervision	filing, return the our position falls	MULTIPLE FILING UNNE			

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.

CE FORM 1 - Effective: January 1, 2023. Incorporated by reference in Rule 34-8.202(1), F.A.C. 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.

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