

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LOUWERS PAUL MARTIN

MAILING ADDRESS :

856 NORTH TOWN & RIVER DR.

CITY : ZIP : COUNTY :

FORT MYERS 33919 LEE

NAME OF AGENCY :

Iona-McGregor Fire Protection & Rescue District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner *Seat 1*

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

2021 JAN 15 PM 1:30 SDE LEE CO FL

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Automotive Video Innovations, I	6280 Arc Way, Ft. Myers, FL 33966	Automotive Training Videos/Live

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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")

6280 Arc Way, Ft. Myers FL, 33966

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 [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
Shareholder	Automotive Video Innovations, Inc.
Stocks-Detail Equity Sector Analysis	See Attached Page

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Synovus Bank	7900 Summerlin Lakes Dr.

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
	None	
ADDRESS OF BUSINESS ENTITY	None	
PRINCIPAL BUSINESS ACTIVITY	None	
POSITION HELD WITH ENTITY	None	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	None	
NATURE OF MY OWNERSHIP INTEREST	None	

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

Signature:



Date Signed:

6/15/2022

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 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 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

FORM 1 PART D CONTINUED

DETAIL OF EQUITY SECTOR ANALYSIS

CONSUMER COMM

ALPHABET
COMCAST
META PLATFORMS
VERIZON

DISCRETIONARY

ADVANCE AUTO
AMAZON
BOOKINGS
DOLLAR GENERAL
HOME DEPOT
WALT DISNEY CO
LOWES
MCDONALDS
MOTORCAR
NIKE
O'REILLY
STARBUCKS
TARGET
JTX
VF CORP

CONSUMER STAPLES

BRITISH AMBER
COCA COLA
COSTCO
DIAGEO
WALMART
ESTEE LAUDER
SYSCO
PROTOR & GAMBLE

FINANCIALS

DISCOVER
GOLDMAN
INTERNATIONAL
DOUBLELINE SHILLER
AMERICAN FUNDS
JP MORGAN
MARSH
MORGAN STANLEY
PRUDENTIAL FINANC
S&P GLOBAL

TRAVELERS
TRUIST
WELLS FARGO
AMX
AMERIPRISE
BLACKLOCK
CHUBB
BLACKSTONE
CME

HEALTH CARE

ABBOTT
DANAHER
ABBVIE
AMGEN
BOSTON SCIENTIFIC
CVS
INTUITIVE
MEDTRONICS
MERCK
NOVARTIS
JOHNSON &
JOHNSON
PFIZER
BECTONCONOCO
THERMO FISHER
SCIENTIFIC
UNITED HEALTH

INDUSTRIALS

3M
CATERPILLAR
EATON
EMERSON
HONEYWELL INT INC
LOCKHEED MARTIN
NORFOLK
RAYTHEON
UPS
UNION PACIFIC
NORFOLK STHN
PARKER HANNIFIN
REPUBLIC SERVICES

ROCKWELL
AUTOMATION
RESIDEO
WASTE MGMNT

INFORMATION TECH

ACCENTURE PLC
ADOBE SYSTEMS
ANALOG
APPLE
APPLIED
AUTOMATIC DATA
BROADCOM
CISCO
FIDELITY
INTEL
MICROSOFT
PAYCHEX
SALESFORCE
TEXAX INST
VISA INC CLA

REAL ESTATE

CROWN CASTLE
AMERICAN TOWER
PROLOGIS

UTILITIES

ALLIANT
AMER ELECTRIC
CONS EDISON
NEXERTA
SOUTHERN

ENERGY

CONOPHILIPS
EOG RESOURCES
PHILLIPS 66
EXXON