FORM 1	STATEM	IENT 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 :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			
CHECK ONLY IF 🔲 CANDIDATE		R 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 repo	I SOI	URCE'S		SCRIPTION OF THE SOURCE'S
OF INCOME	AD	DRESS	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, bu (If you have nothing to repo		n - See instructions]	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 [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	cates of deposit, etc See ins	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO V	VHICH 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 pos (If you have nothing to report, write "none" or "n/a") BUSIN	itions in certain types of bus	sinesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY			
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			
agency created under Part III, Chapter 163 required to complete annual et			
IE ANY OF PARTS A THROUGH & ARE CONTINUED	ON A SEDADATE SUE		
	11		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Mm c M-	CPA or ATT If a certified public according good standing with the she must complete the I,	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE	
SIGNATURE OF FILER: Signature:	CPA or ATT If a certified public according good standing with the she must complete the I,	ORNEY SIGNATURE ONLY buntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the	
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Signature: Marcon Date Signed:	CPA or ATT If a certified public acca in good standing with the she must complete the I,	ORNEY SIGNATURE ONLY Dependent of the Florida Bar prepared this form for you, he or following statement:, prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct. e: together with their filing papers. ECESSARY: A candidate who files a Form r is not required to file with the Commission	
SIGNATURE OF FILER: Signature: Image: Image	CPA or ATT If a certified public acca in good standing with the she must complete the I,	ORNEY SIGNATURE ONLY Duntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement:	
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