FORM 1

STATEMENT OF FINANCIAL INTERESTS

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Please print or type your name, mailing

FOR OFFICE USE ONLY:

address, agency name, and position bel	OW.							
LAST NAME FIRST NAME MII	DDLE NA	AME:						
Mangan, Brian McKnight								
MAILING ADDRESS :	,							
845 Bethany CT N								
CITY:		ZIP: COUNTY						
Fort Myers		919 Lee						
NAME OF AGENCY :	×							
School District of Lee Cour	nty							
NAME OF OFFICE OR POSITION	I HELD C	OR SOUGHT :						
Director, Adult and Career	Educa	tion						
CHECK ONLY IF CANDIDA	TE OF	NEW EMPLOYEE	OR APPOINTEE					
	****	THIS SECTION MU	IST BE COMP	LETE) ****			
DISCLOSURE PERIOD:								
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS	FOR CALENDAR Y	EAR EN	DING DEC	DEMBER 31, 2022.		
MANNER OF CALCULATIN	IG REF	PORTABLE INTEREST	S:					
FILERS HAVE THE OPTION O	F USIN	G REPORTING THRESHO	LDS THAT ARE AB					
						D ON PERCENTAGE VALUES		
(see instructions for further deta	-							
☐ COMPARATIVI	☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☑ DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES O	F INCOM	ME [Major sources of income	to the reporting person	- See inst	ructions]			
(If you have nothing to	F INCOM report,	write "none" or "n/a")		- See inst		ACCUPATION OF THE COMPOSIO		
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE OF INCOME	F INCOM report,	write "none" or "n/a")	to the reporting person OURCE'S IDDRESS	- See inst	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE OF INCOME	report,	write "none" or "n/a")	OURCE'S DDRESS		DE Pf	RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE	report,	write "none" or "n/a")	OURCE'S DDRESS		DE Pf	RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE OF INCOME	report,	write "none" or "n/a")	OURCE'S DDRESS		DE Pf	RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE OF INCOME	report,	write "none" or "n/a")	OURCE'S DDRESS		DE Pf	RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE OF INCOME School District of Lee Cou	nty	write "none" or "n/a") S A 2855 Colonial BLVI	OURCE'S DDRESS		DE Pf	RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE OF INCOME School District of Lee Cour PART B SECONDARY SOURC [Major customers, clien	nty ES OF IN	write "none" or "n/a") S A 2855 Colonial BLVI	ource's odress O, Ft. Myers, FL	33966	DE Pr Public I	RINCIPAL BUSINESS ACTIVITY Education		
NAME OF SOURCE OF INCOME School District of Lee Cour PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to	nty ES OF IN	2855 Colonial BLVI COME ther sources of income to busi write "none" or "n/a")	ource's odress O, Ft. Myers, FL	33966	DE Pr Public I	RINCIPAL BUSINESS ACTIVITY Education		
(If you have nothing to NAME OF SOURCE OF INCOME School District of Lee Cour PART B SECONDARY SOURC [Major customers, clien	nty ES OF IN	2855 Colonial BLVI	OURCE'S D, Ft. Myers, FL nesses owned by the re	33966 eporting pe	DE Pr Public I	Education instructions]		
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begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		of deposit, etc See ins	structions]					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Florida Prepaid College Plan	Florida College Investment Plan							
			nga nga garupangan langua na magamatana n na isi sama An 1816 Ali					
PART E — LIABILITIES [Major debts - See instruction	ns]							
(If you have nothing to report, write "none" or "n/a")								
NAME OF CREDITOR	ADDRESS OF CREDITOR							
NA	NA							
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") BUSINESS	S ENTITY # 1	ı	BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	NA		NA					
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								
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 FILE	CPA or ATTORNEY SIGNATURE ONLY							
Signature:		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:						
-Bri Mangon	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.							
Date Signed:	CPA/Attorney Signature:							
8/5/23		Date Signed:						
EU DIC DICEPLATIONS.								

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 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, Edg 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, 2022.