FORM 1	STATEMENT OF		2022	
Please print or type your name, mailing	FINANCIAL INTERESTS	3 [FOR OFFICE USE ONLY:	
address, agency name, and position below: LAST NAME FIRST NAME MIDDLE	NAME :) 	
	ha R.			
PO Box 3507	,			
10 00A 33 0 7				
N. FT. Mylers FL	zip: county: 33918 Lee			
North Fort Myers	Fire Control District			
NAME OF OFFICE OR POSITION HELI	D OR SOUGHT:			
	OR NEW EMPLOYEE OR APPOINTEE			
**** THIS SECTION MUST BE COMPLETED ****				
DISCLOSURE PERIOD:	JR FINANCIAL INTERESTS FOR CALENDAR YEAR EI			
FEWER CALCULATIONS, OR USIN (see instructions for further details).	SING REPORTING THRESHOLDS THAT ARE ABSOLUTING COMPARATIVE THRESHOLDS, WHICH ARE USUA CHECK THE ONE YOU ARE USING (must check one	ALLY B e):	DLLAR VALUES, WHICH REQUIRES BASED ON PERCENTAGE VALUES VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to the reporting person - See in	ing recoverage		
(If you have nothing to repo	ort, write "none" or "n/a") SOURCE'S	ŧ	DESCRIPTION OF THE SOURCE'S	
NAME OF SOURCE OF INCOME	ADDRESS		PRINCIPAL BUSINESS ACTIVITY	
lade				
Hone				
			REGULES PARTIES AND	
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to businesses owned by the reporting	person	n - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
n.e				
Non				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See Instructions] (If you have nothing to report, write "none" or "n/a")		li 🎍	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
None		a	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
		If	incated at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR 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 ENTITY # 1 BUSINESS ENTITY # 2 NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY NONE NATURE OF MY OWNERSHIP INTEREST NONE NATURE OF MY OWNERSHIP INTEREST NONE	PART D — INTANGIBLE PERSONAL PROPERTY [Stoci (If you have nothing to report, write "none"		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR 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 ENTITY # 1 NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NONE I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NONE ADDRESS OF CREDITOR ADDRESS OF businesses - See instructions] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 NONE I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NONE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
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	IATURE OF MY OWNERSHIP INTEREST	None	
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopm agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.	PART G — TRAINING For elected municipal officers, a agency created under Part III, Chapter 163 required to co	appointed school superintendents, and commissioners of a community redevelopment omplete annual ethics training pursuant to section 112.3142, F.S.	
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.	☐ I CERTIFY THAT I H	HAVE COMPLETED THE REQUIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ONL	SIGNATURE OF FILE	R: CPA or ATTORNEY SIGNATURE ONLY	
	Signature:	If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:	
Form 1 in accordance with Section 112.3145, Florida Statutes, instructions to the form. Upon my reasonable knowledge and be disclosure herein is true and correct.	Johnt W.	I,, prepared the Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.	
Date Signed: CPA/Attorney Signature:	Date Signed:	CPA/Attorney Signature:	
	6/8/23		

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 <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.