FORM 1

STATEMENT OF

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	U	Z	4

Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	E NAME :			
MAILING ADDRESS :				
CITY:	ZIP: COUNTY:			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :			
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE		
* DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	*** THIS SECTION MUS			CEMBER 31. 2022.
MANNER OF CALCULATING I FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	REPORTABLE INTERESTS: SING REPORTING THRESHOL NG COMPARATIVE THRESHOL CHECK THE ONE YOU ARE I	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL JSING (must check one):	DOLLAF LY BASE	R VALUES, WHICH REQUIRES D ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF IN	ERCENTAGE) THRESHOLDS COME [Major sources of income to			JE THRESHOLDS
(If you have nothing to rep		are reporting person. God mod	dottorioj	
NAME OF SOURCE OF INCOME	_	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines	sses owned by the reporting pe	rson - See	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")		n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
			and w	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 orm and how to fill it out 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	E	BUSINESS ENTITY TO W	/HICH THE PROPERTY RELATES		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none					
NAME OF CREDITOR		ADDRES	S OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [O	[Ownership or positions in certain types of businesses - See instructions] ne" or "n/a") BUSINESS ENTITY # 1 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					
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 I	HAVE COMPLE	ETED THE REQU	JIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	R:	CPA or ATTO	ORNEY 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:			
Date Signed:		I,, prepared the C 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 digited.	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 filling 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.

Form 1 Statement of Financial Interests - Addendum

FYE 2022

Eviana J. Martin

ID No.

Part A - Primary Sources of Income

3701 Del Prado Blvd S.

3701, LLC Cape Coral, Florida 33904 **Property Management**

Law Firm

3701 Del Prado Blvd S.

Martin Law Firm, P.L. Cape Coral, Florida 33904

65 Enterprise

Visionary Venture Fund II, LP Aliso Viejo, CA 92656 Venture Capital

Part B - Secondary Sources of Income

None

Part C - Real Property

Personal Residence - address not disclosed

3701 Del Prado Blvd S., Cape Coral, Florida 33904

4100 Steamboat Bend East, #502, Fort Myers, Florida 33919

Part D - Intangible Personal Property

Membership Interest Martin Law Firm, P.L.

Membership Interest 3701, LLC

Various Accounts **USAA Federal Savings Bank** Various Accounts FineMark National Bank

Membership Interest Visionary Venture Fund II, LP Visionary Co-Invest Fund X, LLC Membership Interest Membership Interest Visionary Co-Invest Fund XI, LLC Visionary Co-Invest Fund IX, LLC Membership Interest

Stock Shares UltraSight Inc.

Stock Shares Tarsus Pharmaceuticals, Inc. **Prepaid Tuition** Florida Prepaid College Plan

Edward Jones Inc. Retirement Account

Part E - Liabilities

None to disclose

Part F - Interests in Specified Businesses

None to disclose