FORM 1	STATEN	STATEMENT OF		2021	
Please print or type your name, malling address, agency name, and position belo		INTERESTS	5	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MID					
Martinho - Fernanda Mailing Address	- De Moraes				
10481 Ben C Pratt/1	Mile Cypress Phwy				
CITY: Fort Myers	ZIP : COUNTY : 33466	Lee County			
NAME OF AGENCY : Timber C	eek Southwest, Orange Bi	essom Groves,			
Savanna Lakes	0				
NAME OF OFFICE OR POSITION HELD OR SOUGHT					
Assisstant Secretary					
CHECK ONLY IF 🔲 CANDIDATI	E OR 🗹 NEW EMPLOYEE O	R APPOINTEE			
**** THIS SECTION <u>MUST</u> 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	I SO	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lennar					
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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS					
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
N/A					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			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.	
				UCTIONS on who must file	
				orm and how to fill it out on page 3.	

ç)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]							
(If you have nothing to report, write "none	e" or "n/a")	or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
TYPE OF INTANGIBLE							
Stocks	Robinhood						
PART E — LIABILITIES [Major debts - See instructions]						
(If you have nothing to report, write "none	e" or "n/a")						
NAME OF CREDITOR		ADDRES	S OF CREDITOR				
N/A							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Dwaesahip or posi	tions in cortain types of hus	inesses - See instructions]				
PART F INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")		BUSINESS ENTITY # 2				
	NA	ESS ENTITY # 1					
	14/74						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers,							
agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, P.S.							
IF ANY OF PARTS A THROUGH G ARE	CONTINUED						
SIGNATURE OF FILE	R:		DRNEY 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:					
Fernanda Martinho		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:					
11/16/2022		Date Signed:					
FILING INSTRUCTIONS:							
	bies or a County	Candidates file this form	together with their filing papers.				
If you were mailed the form by the Commission on Et Supervisor of Elections for your annual disclosure form to that location. To determine what category you under, see page 3 of instructions.	filing, return the	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.					
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. <u>Do not email your form to the Commission on Ethics, it will be returned</u> .		WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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					
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 water accepted by both mail and email.		papers. <i>Thereafter</i> , file by July 1 following each calendar year in which they hold their positions.					
		<i>Finally</i> , 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, 2021.					

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. <u>Do not file by both mail and email. Choose only one</u> filing method. Form 6s will not be accepted via email.

CE FORM 1 - Effective January 1, 2022. Incorporated by reference in Rule 34-8-202(1), F.A.C.

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