** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

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DURATION 73

TIME RECEIVED August 31, 2021 at 10:53:49 AM EDT 08/31/2021 10:52 PAGES 2

(FAX)

STATUS Received

P.001/002

FORM 1	STATE	MENT OF	_	2020
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST		Г	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	<u> </u>			
MAILING ADDRESS:	<u>Vanessa 7</u>	, 		
2201 500	zzract	j		
	··			
NAME OF AGENCY:	OFL 33991	Lee		
City of Copo Co	oral Crarter	Schools		
NAME OF OFFICE OR POSITION HEI	DIM BOUGHT:			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE O	R APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO		ST BE COMPLETED OR CALENDAR YEAR END		CEMBER 31, 2020.
MANNER OF CALCULATING FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE DLDS, WHICH ARE USUALL USING (must check one):	Y BASE	ED ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF INC	OME (Major sources of income to			UE THRESHOLDS
(ii you have nothing to repo	rt, write "none" or "n/a")		uotionaj	
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
millansium	Purtacox	Ja, FL	employment	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to busines	sses owned by the reporting pers	son - 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, build (If you have nothing to report	dings owned by the reporting person t, write "none" or "n/a")	n - See instructions]	lines or	not limited to the space on the n this form. Attach additional if necessary.
			and wh	INSTRUCTIONS for when nere to file this form are at the bottom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

08/31/2021 10:53 (FAX) P.002/002 PART D --- INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions) (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES TYPE OF INTANGIBLE 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 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 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 FILER: CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney Signature: In good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: , prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and bellef, the disclosure herein is true and correct. Date Signed: CPA/Attorney Signature:

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 emall. 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.

Date Signed:

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, 2020.