FORM 1		STATEMENT OF		2022	
Please print or type your name, mailing address, agency name, and position below		L INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDI Miller, Andrew James MAILING ADDRESS:	DLE NAME :				
12536 Astor Place					
CITY: Fort Myers, FL NAME OF AGENCY:	ZIP: COUNTY: 33913 Lee				
School District of Lee Count					
NAME OF OFFICE OR POSITION H Principal	IELD OR SOUGHT:				
CHECK ONLY IF	OR 🗹 NEW EMPLOYEE O	R APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	**** THIS SECTION MUST			ECEMBER 31, 2022.	
FILERS HAVE THE OPTION OF USE (see instructions for further details COMPARATIVE (FOR PART A PRIMARY SOURCES OF III	USING REPORTABLE INTERESTS: USING REPORTING THRESHOL SING COMPARATIVE THRESHO S). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	E: LDS THAT ARE ABSOLUTE D DLDS, WHICH ARE USUALLY USING (must check one): OR ☑ DOLLAF	DOLLAF Y BASE . R VAL L	D.VALLIEG MILION BEAUTIES	
(ii you have nothing to re	eport, write "none" or "n/a")	the reporting person - See Instruc	ctions]		
NAME OF SOURCE OF INCOME		DURCE'S DDRESS	DE P	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
None					
PART B SECONDARY SOURCES ([Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to busines eport, write "none" or "n/a")	sses owned by the reporting person	on - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None					
DATE DESCRIPTION I					
PART C REAL PROPERTY [Land, b (If you have nothing to repo	uildings owned by the reporting person ort, write "none" or "n/a")		lines on	e not limited to the space on the n this form. Attach additional if necessary.	
None		1	FILING and wh	INSTRUCTIONS for when nere to file this form are d at the bottom of page 2.	
		i t	this for	UCTIONS on who must file rm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no TYPE OF INTANGIBLE	ne" or "n/a")					
None	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
rone						
PART F — HARII ITIES (Mojor debte Constitution)						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no	ns] ne" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Car Loan	Volkswagen Credit 2200 Woodland Point Ave Herndon, VA 20171					
	Volkswagen Ci	edit 2200 woodian	d Point Ave Herndon, VA 20171			
PART F — INTERESTS IN SPECIFIED BUSINESSES						
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	or maj		sinesses - See instructions]			
NAME OF BUSINESS ENTITY	None	SS ENTITY # 1	BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	T YOM		None			
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 sur	perintendents and commi	ssignare of a community reducel			
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	R:	CPA or ATTORNEY SIGNATURE ONLY				
Signature:		If a certified public accountant licensed under Chapter 473, or attorney				
	a a	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:				
Date Signed: 7/3/23	I,, prepared the		prepared the CE			
- 0	Form 1 in accordance with Section 112.3145, Florida Statutes, a instructions to the form. Upon my reasonable knowledge and beli		Upon my reasonable knowledge and helief the			
Date Signed:		disclosure herein is true and correct.				
713123		CPA/Attorney Signature:				
		Date Signed:				
FILING INSTRUCTIONS:						
f you were mailed the form by the Commission on Et	hics or a County Ca	andidates file this form	together with their filing papers.			

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.

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.