FORM 1	STATEN	IENT OF	alertadi ağışı Antiberiya Hari Lifa	2021			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MID	DLE NAME :						
Naratil Marlene F	and						
19790 Chapel Tra	ce						
Estero 33928	Lee						
CITY :	ZIP : COUNTY :						
NAME OF AGENCY:							
Estero Planning Zonin NAME OF OFFICE OR POSITION F	ng Design Board Me	mber					
CHECK ONLY IF 🔲 CANDIDATE	R APPOINTEE						
	**** THIS SECTION MU	ST BE COMPLETE	D ****				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	OUR FINANCIAL INTERESTS F	OR CALENDAR YEAR ENI	DING DE	CEMBER 31, 2021.			
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U (see instructions for further detail	G REPORTABLE INTERESTS USING REPORTING THRESHOI SING COMPARATIVE THRESHO s). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	LDS THAT ARE ABSOLUTE DLDS, WHICH ARE USUAL USING (must check one):	LY BASE				
	INCOME [Major sources of income to eport, write "none" or "n/a")	the reporting person - See inst	tructions]	an na shina da araan ka ka ka sa ka na ka			
NAME OF SOURCE OF INCOME	I SC	DURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
New York State Teache	rs Albany NY		Retirement Funds.				
Retirement System							
	HOIKS) HE UBS N	ew York City Va	rious I	Envestments			
Social Security	Federal Governm						
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
None							
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional				
None				, if necessary. G INSTRUCTIONS for when			
	and where to file this form are located at the bottom of page 2.						
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				

		2016-102-0				
PART D — INTANGIBLE PERSONAL PROPERTY [Stoc (If you have nothing to report, write "none"		ates	of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE			BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES		
Investment in Mutal	UBS					
Funds						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"						
NAME OF CREDITOR			ADDRES	S OF CREDITOR		
None						
PART F — INTERESTS IN SPECIFIED BUSINESSES [O (If you have nothing to report, write "none" o	or "n/a")		s in certain types of bus	inesses - See instructions] 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, a agency created under Part III, Chapter 163 required to con						
IF ANY OF PARTS A THROUGH G ARE	CONTINUED C	NC	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILEF	<u> </u>		CPA or ATTORNEY SIGNATURE ONLY			
Signature: Marlaned Joean			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:			
			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:			
61422			Data Signadi			
FU INC INSTRUCTIONS.			Date Signed:			
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.		<i>Candidates</i> 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.				
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		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.				
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) expand it to CEForm1@log state flux and rotein a converted formation.		<i>Candidates</i> must file at the same time they file their qualifying 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.				

CE FORM 1 - Effective: January 1, 2022. Incorporated by reference in Rule 34-8.202(1), F.A.C.	

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