FORM 1

STATEMENT OF

202	1
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Please print or type your name, mailing address, agency name, and position below	ow: FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI	DDLE NAME :		_
MAILING APPRESS			
MAILING ADDRESS :			
CITY:	ZIP: COUNTY	:	
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:		
CHECK ONLY IF CANDIDAT	E OR ☐ NEW EMPLOYEE	DP ADDOINTEE	
CHECK ONLY II. CANDIDA!			
DISCLOSURE PERIOD:	**** THIS SECTION MU	<u>IST</u> BE COMPLETED	****
2.002000.12.2.11.02.	YOUR FINANCIAL INTERESTS I	FOR CALENDAR YEAR END	ING DECEMBER 31, 2021.
MANNER OF CALCULATIN	G REPORTABLE INTERESTS	S :	
			DOLLAR VALUES, WHICH REQUIRES
	USING COMPARATIVE THRESH iils). CHECK THE ONE YOU ARE		LY BASED ON PERCENTAGE VALUES
`	(PERCENTAGE) THRESHOLDS	,	AR VALUE THRESHOLDS
DART A DRIMARY SOURCES O	F INCOME [Major sources of income to	o the reporting person. See instr	uctions
		o the reporting person - See msu	dottorioj
	report, write "none" or "n/a")	o the reporting person - See insti	dollonoj
	report, write "none" or "n/a")	Ource's DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	E	BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s] e" 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		, E. ()	Boomedo EMITT # 2		
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 FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY		
Signature:		If a certified public acco	ountant licensed under Chapter 473, or attorney ne Florida Bar prepared this form for you, he or		
Out Mes		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			
		Date Signed:			
			<u> </u>		

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 filing 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, 2021.

PART E - LIABILITIES

Name of Creditor

Mid Florida Credit Union AM Honda Finance

Tcf Bank

JPMCB Home Lending

Address of Creditor

29 S. Kentucky Ave Lakeland FL 33801

P.O. Box 7829, Philadelphia, PA 19101-7829 1405 Xenium Lane N, Plymouth, MN 55441

700 Kansas Lane, Monroe, LA 71203