FORM 1	STATEM	IENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	· [FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLI	E NAME :				
MAILING ADDRESS :					
CITY :	ZIP : COUNTY :				
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :				
CHECK ONLY IF 🔲 CANDIDATE		R APPOINTEE			
	*** THIS SECTION MUS	<u>ST</u> BE COMPLETE	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022.	
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one)	LY BASE :		
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to	·			
(If you have nothing to repo	I SOI	SOURCE'S		DESCRIPTION OF THE SOURCE'S	
OF INCOME	AD	DRESS	Р	RINCIPAL BUSINESS ACTIVITY	
PART B SECONDARY SOURCES O					
[Major customers, clients, ar (If you have nothing to rep	nd other sources of income to busines port, write "none" or "n/a")	sses owned by the reporting p	erson - See	e 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, bu (If you have nothing to repo		n - See instructions]	lines o	e not limited to the space on the on this form. Attach additional s, if necessary.	
			FILING	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
			INSTR this fo	CUCTIONS on who must file form and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific	ates of deposit, etc See instructions]		
(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
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 posi	tions in certain types of businesses - See instructions]		
(If you have nothing to report, write "none" or "n/a")	ESS 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			
agency created under Part III, Chapter 163 required to complete annual eth	PLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE		
	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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:		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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		
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: MMM	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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. CPA/Attorney Signature:		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Date Signed:	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Date Signed: FILING INSTRUCTIONS:	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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. CPA/Attorney Signature: Date Signed:		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Date Signed: 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	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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,		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature:	ON A SEPARATE SHEET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature:	ON A SEPARATE SHEET, PLEASE CHECK HERE		

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