FORM 1	STATEMI	ENT 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 MIDDLE POLVINEN MARY ANN MAILING ADDRESS: 20423 DENNIST	DRT LANE		_	73AL
N. FORT MYERS CITY: HERONS GLEN NAME OF AGENCY: SECRETARY NAME OF OFFICE OR POSITION HEI	23917 LEE ZIP: COUNTY: RECRATION DISTRIC	T.		230F13058W62051H65
CHECK ONLY IF	OR NEW EMPLOYEE OR A	PPOINTEE		7/3/
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.				
MANNER OF CALCULATING IN FILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details) COMPARATIVE (P	SING REPORTING THRESHOLDS NG COMPARATIVE THRESHOLD CHECK THE ONE YOU ARE US	DS, WHICH ARE USUALLY BING (must check one):	BASEC	VALUES, WHICH REQUIRES ON PERCENTAGE VALUES E THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to the	e reporting person - See instruc	ctions]	
NAME OF SOURCE OF INCOME	SOUR ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
PBGC			AUTOHOTIVE COMPONENTS	
\$5			Soci	IL SECURITY
PART B SECONDARY SOURCES C [Major customers, clients, a (If you have nothing to re	OF INCOME nd other sources of income to businesse port, write "none" or "n/a")	es owned by the reporting pers	on - 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, 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 sheets, if necessary.	
			FILING and wi	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY ISIO	ocks, bonds, certificates of deposit, etc See instructions]				
(If you have nothing to report, write "none	e" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
N/A					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
PLANETHOME LENDING	321 RESEARCH RKNY STEZO3 MERIDEN CTOL				
GM FINANCIAL	P.O. BOX 78143, PHOENIX AZ 85062-8143				
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, agency created under Part III, Chapter 163 required to c	, appointed school superintendents, and commissioners of a community redevelopment 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 in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:				
MO Sevenen	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:				
7/29/23	Date Signed:				
FILING INSTRUCTIONS:	ll				

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

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.

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FT MYERS FL 339

31 JUL 2023 PM 2 L

77 Fort Myers, 71 23917

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

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