FORM 1	STATEMENT OF	2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME :		
MAILING ADDRESS:	herman		
1318 SE 43 P	Ter		
Cape Carel Fl	33904 LF.F		
CITY: CITY OF COP	ZIP: COUNTY:		
NAME OF AGENCY :	1		
Construction 1	egulation Board		
NAME OF OFFICE OR POSITION HEL	.D OR SOUGHT :		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		
**** THIS SECTION MUST BE COMPLETED ****			
DISCLOSURE PERIOD: THIS SECTION MISST BE COMM LETED THIS SECTION MISST BE COMM LETED THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.			
MANNER OF CALCULATING REPORTABLE INTERESTS:			
FILERS HAVE THE OPTION OF US	SING REPORTING THRESHOLDS THAT ARE ABSOLU		
	NG COMPARATIVE THRESHOLDS, WHICH ARE USU CHECK THE ONE YOU ARE USING (must check or		
		DLLAR VALUE THRESHOLDS	
	COME [Major sources of income to the reporting person - See	instructions]	
(If you have nothing to repo			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Youngs Electral	413 NE Van Loon LN #11	s service manager	
Contracting	Cape Corgl Fl 33909	estimator	
PART B SECONDARY SOURCES O	F INCOME nd other sources of income to businesses owned by the reportin	n nerson - See instructions?	
(If you have nothing to rep	ort, write "none" or "n/a")	g person - occ instructions;	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME I OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
n//A	of Booked Moome	ACTIVITY OF GOODING	
10/13			
	uildings owned by the reporting person - See instructions]	You are not limited to the space on the	
(If you have nothing to report, write "none" or "n/a")		lines on this form. Attach additional sheets, if necessary.	
NA		FILING 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.	

PART D - INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, ce	ertificates of deposit, etc See instructions]		
(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	DUCINESS ENTITY TO MANOULTUS DESCRIPTIVES ATES		
N//A	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
10/17			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
NAME OF CREDITOR	ADDRESS OF GREDITOR		
NII			
	CONTRACTOR OF THE CONTRACTOR O		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or (If you have nothing to report, write "none" or "n/a")	positions in certain types of businesses - See instructions]		
Bl	USINESS 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			
	nool superintendents, and commissioners of a community redevelopment		
agency created under Part III, Chapter 163 required to complete annua			
☐ 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 FILER:	CPA or ATTORNEY SIGNATURE ONLY		
Signature:	If a certified public accountant licensed under Chapter 473, or attorney		
olghature.	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
	I,, prepared the CE		
of ha	Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the		
Data Circuit	disclosure herein is true and correct.		
Date Signed: Q / (0)	CPA/Attomey Signature:		
0/10/00			
	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 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.

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.