FORM 1

## **STATEMENT OF**

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	v		1

Please print or type your name, mailing

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

address, agency name, and position bel	ow:	1.11.47	AITCIAL				FOR OFFICE USE UNLI.
LAST NAME FIRST NAME MI	DDLE NA	ME:				_	
Pukala, Joseph							
MAILING ADDRESS :					1		
918 NE 12th Ter							
CITY:		IP:	COUNTY:		1		
Cape Coral	339	009	LEE		1		
NAME OF AGENCY: Construction Regulation Bo	oard						
NAME OF OFFICE OR POSITION	HELD C	R SOUGHT	 Γ:		1		
Board Member							
CHECK ONLY IF CANDIDA	TE OR	. V	EW EMPLOYEE O	R APPOINTEE			
	****	THIS S	ECTION <u>MU</u>	ST BE COMP	PLETED	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	YOUR	FINANCIA	L INTERESTS F	OR CALENDAR Y	'EAR END	ING DE	CEMBER 31, 2021.
MANNER OF CALCULATIN	IG REP	ORTARI	F INTERESTS				
					BSOLUTE	DOLLAF	R VALUES, WHICH REQUIRES
						Y BASE	D ON PERCENTAGE VALUES
(see instructions for further deta				· 🔽	-		
COMPARATIVE	(PERC	ENTAGE)	THRESHOLDS	OR 🔽	DOLLA	AR VALU	JE THRESHOLDS
PART A PRIMARY SOURCES O (If you have nothing to				the reporting persor	n - See instr	uctions]	
NAME OF SOURCE OF INCOME					SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
	oners	ADDRESS 2115 Second St, Fort Myers, FL 33909		09	Wages from County		
		The second set of the first test of the first second set of the first second sec			<u> </u>		
PART B SECONDARY SOURCI [Major customers, clien			of income to busine	asses owned by the r	enorting per	ron - Soo	instructions
(If you have nothing to				esses owned by the r	eporting per	3011 - 066	motructions
NAME OF BUSINESS ENTITY		AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME   OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A		01 2001112		01 00			AGIMIT OF GOGREE
PART C REAL PROPERTY [Lar				on - See instructions	]	1	e not limited to the space on the
til you have nothing to	report, v	THE HOHE	oi ilia j				n this form. Attach additional , if necessary.
N/A						1	INSTRUCTIONS for when
11/1							here to file this form are d at the bottom of page 2.
							UCTIONS on who must file
					this form and how to fill it out begin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none"			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
PART E — LIABILITIES [Major debts - See instructions]  (If you have nothing to report, write "none"	or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/A			
(If you have nothing to report, write "none" o	wnership or positions in certain types of businesses - See instructions] 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			
agency created under Part III, Chapter 163 required to co	appointed school superintendents, and commissioners of a community redevelopment omplete annual ethics training pursuant to section 112.3142, F.S.  HAVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILE			
Signature:	If a certified public accountant licensed under Chapter 473, or attorned in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:		
Fazzlea	I,, prepared the Common to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Date Signed:	CPA/Attorney Signature:		
6/22/20	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 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.