FORM 1

STATEMENT 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 MI	DDLE NAME :					
Ribble Jeanne	Marie					
MAILING ADDRESS :		er program felle og fillfyr mei renn for en foreit felle om sy'r Skyplig, and anne yn fysig fellefel daen han				
23650 Via Venete	Blud					
# 2001						
CITY:	ZIP:	COUNTY:				
EsTero	34134	Lee				
NAME OF AGENCY :						
Village of Ester	70					
NAME OF OFFICE OR POSITION	HELD OR SOUGHT	:				
Vice Mayor						
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
	**** TUIC CI		T DE COMDI	ETED ****		
DISCLOSURE PERIOD:	1113 31	ECTION INIOS	ST BE COMPL	EIED """		
THIS STATEMENT REFLECTS	YOUR FINANCIAL	INTERESTS FO	R CALENDAR YE	AR ENDING DEC	DEMBER 31, 2022.	
MANNER OF CALCULATII	NG REPORTABI	F INTERESTS:				
FILERS HAVE THE OPTION (OF USING REPORT	TING THRESHOL			R VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR (see instructions for further det					O ON PERCENTAGE VALUES	
					SHUI DS	
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☑ DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF SOURCE		SOL	JRCE'S	DE	SCRIPTION OF THE SOURCE'S	
OF INCOME	OF INCOME ADDRESS		ORESS	PRINCIPAL BUSINESS ACTIVITY		
Social Security Washington DC			Retir	Retirement		
PESRS	1	PA ReTired Teachers assoc - Harrisburg		PA Pens	Pension	
Village of Estero 9401 Porkserew Palms Estero F			-			
. ()			,			
PART B SECONDARY SOURCES OF INCOME						
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF	NAME OF MAJ	OR SOURCES	ADDRI	ESS	PRINCIPAL BUSINESS	
BUSINESS ENTITY		SS' INCOME	OF SOL		ACTIVITY OF SOURCE	
NIA						

PART C REAL PROPERTY [Land, build (If you have nothing to report)	lines o sheets FILING where	e not limited to the space on the n this form. Attach additional , if necessary. INSTRUCTIONS for when and to file this form are located at the nof page 2.				
		UCTIONS on who must file this nd how to fill it out begin on page				
00 500 M 5 W 1	(0	14.		PAGE 1		
CE FORM 1 - Effective: January 1, 2023 Incorporated by reference in Rule 34-8.202(1), F.A.C.	(Continued o	on reverse side)		PAGE 1		
PART D — INTANGIBLE PERSONAL P (If you have nothing to repo	•	cates of deposit, etc See ins	tructions]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO V	VHICH THE	E PROPERTY RELATES		
AmeriTradz	200 S 108	200 S 108 th Ave Onaha NE 68154				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Chase Mortgage BO'Box 24696 Colombus, 8H 43274						
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	<u> </u>		T			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY		1				
POSITION HELD WITH ENTITY	I NI †	T				
I OWN MORE THAN A 5% INTEREST IN BUSINESS	THE					
NATURE OF MY OWNERSHIP INTERES	T					
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 $\;\;\Box$						

SIGNATURE OF FILER: Signature:	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:
Joanne, M. Ryulle Date Signed: June 1, 2023	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:
FILING INSTRUCTIONS:	

If you were mailed the form by the Commission on Ethics or a County *Candidates* file this form together with their filing papers. Supervisor of Elections for your annual disclosure filing, return the

MULTIPLE FILING UNNECESSARY: A candidate who files a Form

form to that location. To determine what category your position falls

under, see page 3 of instructions. or Supervisor of Elections. Local officers/employees file with the Supervisor of Elections 1 with a qualifying officer is not required to file with the Commission

WHEN TO FILE: *Initially*, each local officer/employee, state officer, of the county in which they permanently reside. (If you do not and specified state employee must file *within 30 days* of the permanently reside in Florida, file with the Supervisor of the county date of his or her appointment or of the beginning of employment. where your agency has its headquarters.) Form 1 filers who file with

Appointees who must be confirmed by the Senate must file prior to the Supervisor of Elections may file by mail or email. Contact your confirmation, even if that is less than 30 days from the date of their Supervisor of Elections for the mailing address or email address to appointment.

use. <u>Do not email your form to the Commission on Ethics, it will be</u> returned.

Candidates must file at the same time they file their qualifying papers.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail

Commission on Ethics may file by mail or email. To file by mail, *Thereafter*, file by July 1 following each calendar year in which they send the completed form to P.O. Drawer 15709, Tallahassee, FL hold their positions. 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200,

Finally, file a final disclosure form (Form 1F) within 60 days of Tallahassee, FL 32303. To file with the Commission by email, scan leaving office or employment. Filing a CE Form 1F (Final Statement your completed form and any attachments as a pdf (do not use any of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 other format), send it to CEForm1@leg.state.fl.us and retain a copy if the filer was in his or her position on December 31, 2022. for your records. <u>Do not file by both mail and email.</u> Choose only one filing method. Form 6s will not be accepted via email.

CE FORM 1 - Effective: January 1, 2023. Incorporated by reference in Rule 34-8.202(1), F.A.C.

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