FORM 1	STATEM	ENT OF		2020		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDDLE						
Kobben Christe	pha Norman					
MAILING ADDRESS:				1		
2304 Coval Po	int 01.					
Cape Coral	ZIP: COUNTY: 33990	Lee				
NAME OF AGENCY:	nitte e					
NAME OF OFFICE OR POSITION HELI						
Committee)		- 1				
CHECK ONLY IF CANDIDATE		APPOINTEE				
CHECK ONET IF CANDIDATE	OK   NEW EMPLOTEE OK	AFFORTEE	r_ga-seni on			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	** THIS SECTION MUS IR FINANCIAL INTERESTS FO			ER 31, 2020.		
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).  COMPARATIVE (PE	ING REPORTING THRESHOLI IG COMPARATIVE THRESHOL	DS, WHICH ARE USUALI		PERCENTAGE VALUES		
PART A - PRIMARY SOURCES OF INC (If you have nothing to repo		he reporting person - See instr	uctions]			
NAME OF SOURCE OF INCOME		IRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Rotived						
- North GZ						
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to busines	ses owned by the reporting pe	son - See instruc	tions]		
		ADDRESS OF SOURCE	- 1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
none						
	1					
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		
none			sheets, if nec	•		
			and where t	RUCTIONS for when o file this form are he bottom of page 2.		
	200	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL PROPERTY [Si (If you have nothing to report, write "nor	ocks, bonds, ne" or "n/a")	certificates of dep	oosit, etc	- See instructions	1			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
IRA	None							
cash		40	ne					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor NAME OF CREDITOR	ne" or "n/a")			ADDRESS OF CR				
Fine Marak Bunk	8645	College	Pky-	~ Sile	100	Ft Myors	339	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	" or "n/a")	"n/a") BUSINESS ENTITY # 1 UO4 &			BUSINESS ENTITY # 2			
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY		413-11						
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  I CERTIFY THAT I  IF ANY OF PARTS A THROUGH G ARI	COMPLETE SING	ual ethics training	pursuant D THE	REQUIRED	42, F.S. TRAIN	NING.		
SIGNATURE OF FILE	<u>R:</u>	9	CPA or	ATTORNE	Y SIGN	ATURE ONLY	_	
Signature:  Cheffel  Date Signed:  9-1-2 (		in go she r L Form instru disck	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,					
		— Date	Date Signed:					
FILING INSTRUCTIONS:	CONTRACTOR SAN	"					Marie Marie	
FILING INDIRUCTIONS:								

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.

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, 2020.