FORM 1	STATEM	IENT OF		2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE  OGEN  MAILING ADDRESS:	E NAME:				
Fort Myors CITY:	۷				
NAME OF AGENCY: South Trul Fire Protection and Rescue Str. Dut. NAME OF OFFICE OR POSITION HELD OR SOUGHT: Fire Chief					
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
**** THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.  MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF IN	PERCENTAGE) THRESHOLDS	<u></u>		UE THRESHOLDS	
(If you have nothing to rep	oort, write "none" or "n/a")			ESCRIPTION OF THE SOURCE'S	
NAME OF SOURCE OF INCOME		URCE'S DRESS		PRINCIPAL BUSINESS ACTIVITY	
Reserve Service Distric	1 5531 Hel	H'ex Ave	Fre	gery Services House	
	DF INCOME ind other sources of income to busine port, write "none" or "n/a")	esses owned by the reporting po	erson - Se	e instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
ha					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			lines on this form. Attach additional sheets, if necessary.		
Ma				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
•			this f	RUCTIONS on who must file orm and how to fill it out	

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks (If you have nothing to report, write "none" of the property of the property in	or "n/a")	tructions] /HICH THE PROPERTY RELATES			
	- Carlo				
Socks. otc	Dork Pulse, Inc.				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" of	or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
n/a					
17	16				
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		.0			
PRINCIPAL BUSINESS ACTIVITY	1/2	11/2			
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, 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					
Signature:  On Ryu  Date Signed:  5-30-2-122	If a certified public according good standing with the she must complete the the s	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:  I,			
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 <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.