FORM 1

STATEMENT OF

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Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTER	ESTS	8	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MID	LAST NAME FIRST NAME MIDDLE NAME :							
	atricia							
MAILING ADDRESS :								
1662 Houston Street				4				
				1				
CITY:	Z	IP: COUNTY:						
Fort Myers	339	901 Lee						
NAME OF AGENCY: Conservation Land Acquisit	tion &	Stewardship Committee	ee	1				
NAME OF OFFICE OR POSITION	HELD O	R SOUGHT :		1				
Local Officer								
CHECK ONLY IF	E OR	■ NEW EMPLOYEE OF	RAPPOINTEE	1				
	****	THIS SECTION MUS	ST BE COM	PLETE	D ****			
DISCLOSURE PERIOD:								
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	OR CALENDAR	YEAR ENI	DING DE	CEMBER 31, 2021.		
MANNER OF CALCULATIN	G REP	ORTABLE INTERESTS:						
FILERS HAVE THE OPTION OF								
FEWER CALCULATIONS, OR I (see instructions for further deta						D ON PERCENTAGE VALUES		
·	•	ENTAGE) THRESHOLDS	OR OR	-		JE THRESHOLDS		
COMPARATIVE	•	•	<u> </u>			JE TIIKESHOEDS		
	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")							
			the reporting perso	on - See ins	tructions]			
(If you have nothing to		vrite "none" or "n/a")		on - See ins		SCRIPTION OF THE SOURCE'S		
(If you have nothing to NAME OF SOURCE OF INCOME		vrite "none" or "n/a") SOI AD	JRCE'S DRESS	on - See ins	_I DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
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PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "not TYPE OF INTANGIBLE	ne" or "n/a")		structions] VHICH THE PROPERTY RELATES				
Checking Account	Suncoast Credit Union						
Savings Account	Suncoast Credit Union						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor							
NAME OF CREDITOR		ADDRES	SS OF CREDITOR				
Suncoast Credit Union	6801 E. Hillsbor	ough Ave. Tampa,	FL 33610				
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	N/A						
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY		A CONTRACTOR OF THE CONTRACTOR					
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	3						
NATURE OF MY OWNERSHIP INTEREST			Control of Children in a Commission of the Control				
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 OF FILER:		CPA or ATTORNEY SIGNATURE ONLY					
Signature:		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:					
Date Signed:		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.					
7/1/2022	CPA/Attorney Signature:						
11 112022		Date Signed:					
FILING INSTRUCTIONS:	The state of the s						

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.flus and retain a copy for your records. 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.