FORM 1

STATEMENT OF

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| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: |
|--|--|---|---|---|
| LAST NAME FIRST NAME MIDDL | E NAME : | | | |
| MAILING ADDRESS : | | | | |
| | | | | |
| CITY: | ZIP: COUNTY: | | | |
| NAME OF AGENCY : | | | | |
| NAME OF OFFICE OR POSITION HE | LD OR SOUGHT : | | | |
| CHECK ONLY IF | OR NEW EMPLOYEE OR | APPOINTEE | | |
| * DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO | *** THIS SECTION MUS | | | CEMBER 31. 2022. |
| MANNER OF CALCULATING I FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details). | REPORTABLE INTERESTS: SING REPORTING THRESHOL NG COMPARATIVE THRESHOL CHECK THE ONE YOU ARE I | DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL JSING (must check one): | DOLLAF LY BASE | R VALUES, WHICH REQUIRES D ON PERCENTAGE VALUES |
| PART A PRIMARY SOURCES OF IN | ERCENTAGE) THRESHOLDS COME [Major sources of income to | | | JE THRESHOLDS |
| (If you have nothing to rep | | are reporting person. God mod | dottorioj | |
| NAME OF SOURCE OF INCOME | _ | JRCE'S DRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| | | | | |
| | | | | |
| | | | | |
| PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep | nd other sources of income to busines | sses owned by the reporting pe | rson - See | instructions] |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | | | |
| | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | n - See instructions] | You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. | |
| | | | and w | G INSTRUCTIONS for when here to file this form are d at the bottom of page 2. |
| | | | INSTR this fo | CUCTIONS on who must file orm and how to fill it out on page 3. |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bo (If you have nothing to report, write "none" or " | oonds, certificates of deposit, etc See instructions] "n/a") | | | | |
|--|---|--|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| | | | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or " | "n/a") | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | |
| | | | | | |
| | | | | | |
| 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 | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | |
| 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 CON | NTINUED 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: | | | | |
| | 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. | | | | |
| 24.0 0.9.104. | CPA/Attorney Signature: | | | | |
| | 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

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, 2022.