FORM 1	STATEM	ENT 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 MIDDLE	NAME :			
SHERMAN LUCIA				
MAILING ADDRESS :				
3910 21 STREET	SW			
LET HAVEAN				
CITY :	ZIP : COUNTY :	E		
NAME OF AGENCY :	33974 U	TC		
LEHIGH ACRES FRE CO	, TROM OPESCILE DI	TRACT		
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :	incu.		
COMMISSIONER SEA				
CHECK ONLY IF CANDIDATE		APPOINTEE		

	*** THIS SECTION MUS	I BE COMPLETED		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	R CALENDAR YEAR ENDI	NG DEC	EMBER 31, 2022.
MANNER OF CALCULATING I FILERS HAVE THE OPTION OF U	REPORTABLE INTERESTS: SING REPORTING THRESHOLD	S THAT ARE ABSOLUTE D	OLLAR	VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USI	NG COMPARATIVE THRESHOL	DS, WHICH ARE USUALLY	A BASE	D ON PERCENTAGE VALUES
(see instructions for further details)	. CHECK THE ONE YOU ARE L	ISING (must check one):		
COMPARATIVE (P	ERCENTAGE) THRESHOLDS	<u>OR</u> D DOLLA	R VALU	E THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to t	he reporting person - See instru	ctions]	
NAME OF SOURCE		IRCE'S	DE	SCRIPTION OF THE SOURCE'S
OF INCOME		DRESS	PRINCIPAL BUSINESS ACTIVITY	
Parr Moto	13120 Westlinks	Er #4 FTMY 339	13	Retail Marketing
PART B SECONDARY SOURCES C [Major customers, clients, a	DF INCOME Ind other sources of income to busines port, write "none" or "n/a")	ses owned by the reporting pers	son - See	instructions]
	NAME OF MAJOR SOURCES	ADDRESS		. PRINCIPAL BUSINESS
NAME OF BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
NA				а. -
PART C REAL PROPERTY [Land, b	puildings owned by the reporting perso	n - See instructions]		e not limited to the space on the
(If you have nothing to rep	oort, write "none" or "n/a")		lines o	n this form. Attach additional , if necessary.
NA				G INSTRUCTIONS for when
			and w	here to file this form are d at the bottom of page 2.
			INSTR	UCTIONS on who must file
			this fo	orm and how to fill it out on page 3.
	(Continued)	on reverse side)		PAGE 1

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, ce	rtificates of deposit, etc See instructions]		
(If you have nothing to report, write "none" or "n/a")			
	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N A			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
AC IZOUNI	7th Street Hamsburg, PA		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or (If you have nothing to report, write "none" or "n/a") BU	positions in certain types of businesses - See instructions] JSINESS 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			
	ED ON A SEPARATE SHEET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH G ARE CONTINUE SIGNATURE OF FILER: Signature:	ED ON A SEPARATE SHEET, PLEASE CHECK HERE 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:		
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		
SIGNATURE OF FILER:	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,		
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: 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:		
SIGNATURE OF FILER: Signature: Mucue State Date Signed: 7/1/2023	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,, 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.		
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: I,		
SIGNATURE OF FILER: Signature: Multiple Multiple Multip	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,		
Signature: Signature: Jate Signed: Jate 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,		