FORM 1 2022 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME - MIDDLE NAME MAILING ADDRESS COUNTY CHECK ONLY IF CANDIDATE ■ NEW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022. 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 **DOLLAR VALUE THRESHOLDS** 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") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS OF INCOME PRINCIPAL BUSINESS ACTIVITY reusion P.O. PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** 13720 Willow Itaven Ct RDS Commisco opt A yers, FL 33905

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 sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D INTANCIBLE PERSONAL			
PART D — INTANGIBLE PERSONAL PROPERTY [State of the control of the	ocks, bonds, certifica	ates of deposit, etc See i	nstructions]
TYPE OF INTANGIBLE	l	BUSINESS ENTITY TO	WHICH THE PROPERTY
401K Retirement Account	Empour De		WHICH THE PROPERTY RELATES
Personal Checking account	11 6 0	L. P.O. Box 18	× 173764, Daver, CO
PART E — LIABILITIES [Major debts - See instruction		- RUI GOX 18	or, St. Paul. Flor
(If you have nothing to report, write "non	e" or "n/a")		
NAME OF CREDITOR		ADDDE	00 of opposit
	ADDRESS OF CREDITOR		
DADTE			
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	Ownership or position or "n/a")	ons in certain types of bu	sinesses - See instructions]
		SS 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, agency created under Part III, Chapter 163 required to co	appointed school sur	perintendents, and commi	ssioners of a community redevelopment
☐ I CERTIFY THAT I	mproto arridar ctrico	animy pursuant to section	on 112,3142, F.S.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	N A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY	
Signature:		If a certified public accountant licensed under Chapter 472	
		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:	
1) () Alan () .		1,	********* U 05
KT Gon U/U,		Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the	
Date Signed:		disclosure herein is true	and correct.
27 Au + 222		CPA/Attorney Signature	
47 174945 W23		Date Signed:	. Neisei ja
FILING INSTRUCTIONS:		Date Signed.	
f you were mailed the form by the Commission on Ethi	os or a County		
Supervisor of Elections for your annual disclosure fill orm to that location. To determine what category you		andidates tile this form t	together with their filing papers.
nder, see page 3 of instructions	r position falls 1	with a qualifying officer i	CESSARY: A candidate who files a Form

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

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.

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. 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 filling a CE Form 1 if the filer was in his or her position on December 31, 2022.