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 MIDD	LE NAME :		_
Smith, Jr Albert Cabell			
MAILING ADDRESS :			
PO Box 1164			
		Re	ceived:
CITY:	ZIP: COUNTY:	Ad	min/Legislative Dept.
Sanibel	33957 Lee	Fel	b. 10, 2023, 1:29 pm
NAME OF AGENCY :			, , , , , , , , , , , , , , , , , , ,
City of Sanibel			
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT :		
General Employee Pension B	oard Trustee		
CHECK ONLY IF	OR 🗹 NEW EMPLOYEE OF	R APPOINTEE	
	**** THIS SECTION MUS	ST BE COMPLETED *	***
DISCLOSURE PERIOD:	THIS SECTION MISS	<u> </u>	
THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS F	OR CALENDAR YEAR ENDIN	IG DECEMBER 31, 2022.
MANNER OF CALCULATING	REPORTABLE INTERESTS		
			OLLAR VALUES, WHICH REQUIRES
			BASED ON PERCENTAGE VALUES
(see instructions for further details	,		WALLE TURFOLIOURS
☐ COMPARATIVE (I	PERCENTAGE) THRESHOLDS	<u>OR</u> □ DOLLAR	VALUE THRESHOLDS
DARTA BRIMARY COMPOSE OF I	NCOME [Major sources of income to		e1
If you have nothing to re	oort. write "none" or "n/a")	the reporting person - See instruc-	tionsj
(If you have nothing to re	port, write "none" or "n/a")		
NAME OF SOURCE OF INCOME	port, write "none" or "n/a") SO	the reporting person - See instruction URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
(If you have nothing to re	port, write "none" or "n/a") SO	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S
(If you have nothing to re NAME OF SOURCE OF INCOME	sort, write "none" or "n/a") SO AD	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
(If you have nothing to re NAME OF SOURCE OF INCOME	sort, write "none" or "n/a") SO AD	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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PART D — INTANGIBLE PERSONAL PROPERTY [State of the control of the	Stocks, bonds, certificates of deposit, etc See instructions] one" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Deferred Compenation Plans	City of Sanibel, Mission Square			
Common Stocks, Bank Accounts	Charles Schwab, Truist			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NONE				
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	NONE			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	s			
NATURE OF MY OWNERSHIP INTEREST				
agency created under Part III, Chapter 163 required to	s, appointed school superintendents, and commissioners of a community redevelopment complete annual ethics training pursuant to section 112.3142, F.S. I HAVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
Signature: Signature: Date Signed: 20230210	ER: 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,			
	Date digitor.			

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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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 filling 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, 2022.