FORM 1	STATEMENT OF	2021
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	
MAILING ADDRESS:	Trick	
5027 SW 25	A CI	
CITY Ope Coral	BB914 COUNTY:	
NAME OF AGENCY:		
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	
**	** THIS SECTION MUST BE COMPLETED) ****
DISCLOSURE PERIOD:	JR FINANCIAL INTERESTS FOR CALENDAR YEAR EN	
MANNER OF CALCULATING R	EPORTABLE INTERESTS:	
	ING REPORTING THRESHOLDS THAT ARE ABSOLUTE	
	CHECK THE ONE YOU ARE USING (must check one):	
COMPARATIVE (PE	RCENTAGE) THRESHOLDS OR DOLL	AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC	COME [Major sources of income to the reporting person - See inst	tructions]
NAME OF SOURCE	SOURCE'S	DESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY
Keel Estele XIV	1715 GR (ore Phy hext \$19	Mel Estek Sales
Ke Max Frent	/	
PART B - SECONDARY SOURCES OF	INCOME	
	d other sources of income to businesses owned by the reporting pe	erson - See instructions]
NAME OF	NAME OF MAJOR SOURCES ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME OF SOURCE	ACTIVITY OF SOURCE
Soulcoute totle +	He Insurace 1642 Adia La	# B Rel Estate duiny?
	For Myes Fl	3397
	/	
PART C – REAL PROPERTY [Land, bui	Idings owned by the reporting person - See instructions] t, 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.

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, ce	rtificates of deposit, etc See instr	uctions]	
(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	-DIIGINESS ENTITY TO MA	HICH THE PROPERTY RELATES	
01/11/0	DE SOG.	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
Sails Sains Account (1)	Verduc		
Jacks	10 2041		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS	ADDRESS OF CREDITOR	
	•		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or	nositions in certain types of husin	nesses - See instructions]	
(If you have nothing to report, write "none" or "n/a")	JSINESS ENTITY#1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	auta tite	BUSHNESS EINTH 1 # 2	
ADDRESS OF BUSINESS ENTITY	Jical Cine # D		
	nhone		
POSITION HELD WITH ENTITY	-		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	76		
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers, appointed sch	ool superintendents, and commis-	sioners of a community redevelopment	
agency created under Part III, Chapter 163 required to complete annua	ethics training pursuant to section	112.3142, F.S.	
I CERTIFY THAT I HAVE CO	MPLETED THE REQU	IRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUE	ED ON A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE OF FILER:		RNEY SIGNATURE ONLY	
		If a sertified 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:			
	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	
2.00		disclosure herein is true and correct.	
Date Signed:	CPA/Attorney Signature:	CPA/Attorney Signature:	
0/1/20	Data Cianadi		
	Date Signed:		
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Ethics or a Cour	nty Candidates file this form to	ogether with their filing papers.	

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.

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.