FORM 1	STATEM	IENT 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 :			
STUART LINDS	<b>+</b>			NIOF
9594 VIA LAG	O WAY			H
FORT MYERS	33912	LEE		
RENAISSANCE	ZIP: COUNTY:			F
NAME OF AGENCY::  SEAT 3				
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :			
		امدا	1	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE NO		
fiel	** THIS SECTION MUS	ST BE COMPLETED	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	JR FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	ING DE	CEMBER 31, 2021.
MANNER OF CALCULATING R	EPORTABLE INTERESTS:			
FILERS HAVE THE OPTION OF US				
FEWER CALCULATIONS, OR USII (see instructions for further details).		-	Y BASE	D ON PERCENTAGE VALUES
	RCENTAGE) THRESHOLDS	, , , , ,	D VALL	JE THRESHOLDS
				JE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		the reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME		URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
SOCIAL SECUR	TV		100111111111111111111111111111111111111	
Busey BAN		WPRC	Δ	+DVISOR
1,000,01		1707-3		1001.001
PART B - SECONDARY SOURCES Of [Major customers, clients, an (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE				)
7.07.0				
			Š	
PART C - REAL PROPERTY [Land, bu		on - See instructions]		e not limited to the space on the
	(If you have nothing to report, write "none" or "n/a")  None in this form. Attach additional sheets, if necessary.			
			and wi	INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
				OCTIONS on who must file
		_		orm and how to fill it out on page 3.

TYPE OF INTANGIBLE	e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
STOCKS/Bonds	Busey BANK			
PART E — LIABILITIES [Major debts - See instructions  (If you have nothing to report, write "none	or "nie"))			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None				
1				
PART F — INTERESTS IN SPECIFIED BUSINESSES [( (If you have nothing to report, write "none"	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITITY	NONE			
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				
agency created under Part III, Chapter 163 required to co	pointed school superintendents, and commissioners of a community redevelopment plete annual ethics training pursuant to section 112.3142, F.S.  AVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILE	: CPA or ATTORNEY SIGNATURE ONLY			
Signature:	If a certified public accountant licensed under Chapter 473, or alto in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:			
Date Signed:	Form 1 in accordance with Section 112.3145, Florida Statutes, an instructions to the form. Upon my reasonable knowledge and belie disclosure herein is true and correct.			
Date Signed:	CPA/Attorney Signature:			

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.