FORM 1	STATEM	MENT 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 N	AME :		
MAILING ADDRESS:			
261 BAYSHURE	DR		
Cape Coral FI	zip: county: 33904 Le-	e	
NAME OF AGENCY: Tourist Develop	mont Course		
NAME OF OFFICE OR POSITION HELD			
NON VOTING B	DOARD MEME	BER	
CHECK ONLY IF  CANDIDATE OF	R NEW EMPLOYEE OF	APPOINTEE	
	THIS SECTION MUS	T BE COMPLETED	) ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FO	OR CALENDAR YEAR END	DING DECEMBER 31, 2021.
FEWER CALCULATIONS, OR USING (see instructions for further details). C	G REPORTING THRESHOL COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUALI USING (must check one):	DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES  AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCOI	ME [Major sources of income to	the reporting person - See instr	ructions]
NAME OF SOURCE OF INCOME	SO	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
RASO Realty. Inc	4812 (Ape Corc	1 St. CARE Corul F	133904 RealEstate Sale
Gluria KHSOTATE REVO	cable Trust 261	Bayshore DrCA	Recoval FL TRUST
100			
PART B SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report,	ther sources of income to busines	sses owned by the reporting pe	rson - See instructions]
NAME OF NAME O	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
PART C REAL PROPERTY [Land, building (If you have nothing to report, where the property of	write "none" or "n/a")		You are not limited to the space on the lines on this form. Attach additional
RASO Realty Inc 4	812 Capeloral S		sheets, if necessary.  FILING INSTRUCTIONS for when
		33904	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.

(If you have nothing to report, write "nor		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
Colorici RASOTA Le Revokable Trus	1. The Gloria RASOTAte Revolvable Trust	
Bunk Accounts	Checking + Saving First Horizon BANK	
PART E LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Mr. (00 per	POBOX 7729 Springfield OH 45501	
Chase Home Finance	PUBOX 36520 Louiseville KY40233	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	[Ownership or positions in certain types of businesses - See instructions]  " or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	NIA	
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	, appointed school superintendents, and commissioners of a community redevelopment complete annual ethics training pursuant to section 112.3142, F.S.  HAVE COMPLETED THE REQUIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R: CPA or ATTORNEY SIGNATURE ONLY	
Signature:	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:	
Joun, Jake	I,	
Date Signed:	CPA/Attorney Signature:	
	or / vittorio y digitatore.	
5/26/2022	Date Signed:	

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.

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, 2021.