FORM 1	STATEM	IENT OF		2021	
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	Г	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MID	DLE NAME :		-		
Tale Gloria J MAILING ADDRESS :					
	Cape Coral FL 339	04			
and polore of					
CITY:	ZIP : COUNTY :				
Cape Coreal FL	33904 Lee				
NAME OF AGENCY :	School Authorite	R			
NAME OF OFFICE OR POSITION		Doard			
BOARD Mem					
**** THIS SECTION MUST BE COMPLETED ****					
DISCLOSURE PERIOD:					
THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENDI	NG DE	CEMBER 31, 2021.	
	G REPORTABLE INTERESTS: USING REPORTING THRESHOL				
FEWER CALCULATIONS, OR L	JSING COMPARATIVE THRESHO	LDS, WHICH ARE USUALLY			
	IS). CHECK THE ONE YOU ARE				
	(PERCENTAGE) THRESHOLDS		_	JE THRESHOLDS	
	<b>INCOME</b> [Major sources of income to report, write "none" or "n/a")	the reporting person - See instru	ictions]		
NAME OF SOURCE		SOURCE'S		DESCRIPTION OF THE SOURCE'S	
RASO Realty Inc.	and the second s	ADDRESS 4812 (Apeloral St. Capelora) FL3		RINCIPAL BUSINESS ACTIVITY RegEstate Sales	
Coluria-Raso Tale Revolutive Trust 261 Bayshore Dr. Cape Core I H 33904 TRUST					
		process copy of			
	S OF INCOME , and other sources of income to busine report, write "none" or "n/a")	sses owned by the reporting pers	son - See	instructions]	
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
NA					
(If you have nothing to report, write "none" or "n/a")				e not limited to the space on the n this form. Attach additional , if necessary.	
KASO Kealty, 1	RASO Realty, Inc 4812 Cape Coral St. Cape Coral FI 33904				
Cope Coral FI 33904				here to file this form are d at the bottom of page 2.	
				UCTIONS on who must file orm and how to fill it out on page 3.	
	10	n reverse side)	a sgin	PAGE 1	

CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none		ates of deposit, etc See instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Colorici RASOTALE REVOKAble Trus	. The Glo	oloria Rasotate Revoluable Trust		
Bunk Accounts	Checking	+ Saving First Horizon BANK		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none				
NAME OF CREDITOR		ADDRESS OF CREDITOR		
Mr. looper POBO		1729 Springfield 04 45501		
		36520 Louiseville KY40233		
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	Duoin			
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				
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature: Horra, Dak		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,, 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 disclosure herein is true and correct.		
5/26/2022		CPA/Attomey Signature:		
		Date Signed:		
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.		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.		
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				
the Supervisor of Elections may file by mail or ema Supervisor of Elections for the mailing address or e use. <u>Do not email your form to the Commission on</u>	or of the county ers who file with il. Contact your mail address to	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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 gualifying		
the Supervisor of Elections may file by mail or ema Supervisor of Elections for the mailing address or e	or of the county ers who file with iil. Contact your mail address to <u>Ethics, it will be</u> no file with the To file by mail,	and specified state employee must file <i>within 30 days</i> 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		