FORM 1	STATEN	ENT OF	2021
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI	DDLE NAME :		
MAILING ADDRESS:	NICOLE MARIE		
513 am 50. 2	Γ		
CITY:	ZIP: COUNTY:	1	
NAME OF AGENCY:	33991	LEE	
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:	MISSIONERS	
FEDGEAL ASSIST	ANCE MANAGER		
CHECK ONLY IF CANDIDAT	TE OR NEW EMPLOYEE OF		****
DISCLOSURE PERIOD:	**** THIS SECTION MUS		
SHOWING STORES AND A STORES	YOUR FINANCIAL INTERESTS FO		JING DEOLIVIDER OT, 2021.
FILEDO HAVE THE ODTION OF	F USING REPORTING THRESHOL	DS THAT ARE ABSOLUTE	DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES
(see instructions for further deta	ils). CHECK THE ONE YOU ARE	USING (must check one):	
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	(PERCENTAGE) THRESHOLDS  FINCOME [Major sources of income to	· · · · · · · · · · · · · · · · · · ·	tructions]
(If you have nothing to	report, write "none" or "n/a")		
NAME OF SOURCE OF INCOME	ZIIS SELOND ST AD Fr. MyGRS, FL 3	URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
LEE COUNTY BOCC	Fr. Myers, Fr 3	33701	COUNTY GOVERNMENT
	s OF INCOME s, and other sources of income to busine report, write "none" or "n/a")	esses owned by the reporting p	erson - See instructions]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
NA			
	TERRITORISM TO THE RESIDENCE OF THE PROPERTY O		
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting perseport, write "none" or "n/a")	on - See instructions]	You are not limited to the space on to 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.
CE FORMA FILE			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.	(Continued	on reverse side)	PA

TYPE OF INTANOIRIE	" or "n/a") BUSINESS ENTITY T	o WHICH THE PROPERTY RELATES
PROSTURE PROMITANGIBLE	NIA	
PERSONAL BANK ACCOUNT, CAR REMEMENT ACCOUNT		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"  NAME OF CREDITOR	or "n/a")	RESS OF CREDITOR
BMO BANK		
US DEPT OF EDUCATION		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" or	wnership or positions in certain types of or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	11/4	
PRINCIPAL BUSINESS ACTIVITY	NIL	
POSITION HELD WITH ENTITY		
OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
PART G — TRAINING For elected municipal officers, a	projected school superintendents, and co	mmissioners of a community redevelopment
agency created under Part III, Chapter 163 required to col	mplete annual ethics training pursuant to	
I CERTIFY THAT I H	IAVE COMPLETED THE R	EQUIRED TRAINING.
I CERTIFY THAT I H	CONTINUED ON A SEPARATE	EQUIRED TRAINING. SHEET, PLEASE CHECK HERE
I CERTIFY THAT I H	CONTINUED ON A SEPARATE SERVICE CONTINUED ON A SEPARATE SERVIC	EQUIRED TRAINING.  SHEET, PLEASE CHECK HERE  TTORNEY SIGNATURE ONLY
I CERTIFY THAT I H	CONTINUED ON A SEPARATE S  CPA or A  If a certified public in good standing week.	SHEET, PLEASE CHECK HERE  TTORNEY SIGNATURE ONLY accountant licensed under Chapter 473, or attorne
I CERTIFY THAT I H  IF ANY OF PARTS A THROUGH G ARE  SIGNATURE OF FILER	CONTINUED ON A SEPARATE S  CPA or A  If a certified public in good standing we she must complete to the structions to the service of the serv	SHEET, PLEASE CHECK HERE  TTORNEY SIGNATURE ONLY  accountant licensed under Chapter 473, or attorne with the Florida Bar prepared this form for you, he of the following statement:
I CERTIFY THAT I H  IF ANY OF PARTS A THROUGH G ARE  SIGNATURE OF FILER	CONTINUED ON A SEPARATE SET IT IS A CERTIFICATION OF A SEPARATE SET IT IS A CERTIFICAT	SHEET, PLEASE CHECK HERE  TTORNEY SIGNATURE ONLY  accountant licensed under Chapter 473, or attorner with the Florida Bar prepared this form for you, he of the following statement:
I CERTIFY THAT I F  IF ANY OF PARTS A THROUGH G ARE  SIGNATURE OF FILER  Signature:	CONTINUED ON A SEPARATE S  CPA or A  If a certified public in good standing with she must complete instructions to the disclosure herein	SHEET, PLEASE CHECK HERE  TTORNEY SIGNATURE ONLY  accountant licensed under Chapter 473, or attorne with the Florida Bar prepared this form for you, he of the following statement:

fine lors

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 not relieve the filer of filing a CE Form if the filer was in his or her position on December 31, 2021.

., AVAZ. Incorporated by reference in Rule 34 9

or to close yet