FORM 1	STATEN	IENT OF		2022		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	s [FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDD						
MAILING ADDRESS :	ES PETEL					
21460 STRADA	NUOVA #315					
ESTIERO, FL.	33928 LE ZIP: COUNTY:	E				
NAME OF AGENCY :	ZONDA DENAU BO	SARD				
MEMBER - PLA	UNIDA ZOVIPA DE	SIGN BOARD				
CHECK ONLY IF 🔲 CANDIDATE	OR 🏚 NEW EMPLOYEE OF	RAPPOINTEE				
**** THIS SECTION <u>MUST</u> BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.						
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): Image: Comparative (PERCENTAGE) THRESHOLDS OR Image: Comparative (PERCENTAGE) THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
FIDELITY			PORTFOLIO MODAGENEDT			
RBC TRUST			PORTFOLIO MADAGEMEDT			
SOCIAL SECURIT	У		SOCIAL SECURITY			
REVEOVE CADADA			RETH	EMEDT REVSION.		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
GEOOVA REALTY		ESTERO, FLORIDA REAL ESTATE		REAL ESTATE		
	uildings owned by the reporting perce	n - See instructions]				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.		
CITUR SUMINIT / VOV	va sus, marca	jr 6.	FILING and w	NSTRUCTIONS for when here to file this form are d at the bottom of page 2.		
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
STOCKS & BODDS	TD ANER/TRADE					
STOCK.	WALBRO LOVIEST MEGOT.					
PART E — LIABILITIES [Major debts - See instructions]						
(If you have nothing to report, write "non	e" or "n/a")					
		ADDRES	ADDRESS OF CREDITOR			
FINEMARK BANK	ET. MY	DUS, FLOKID,	// `			
		1				
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")						
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2 GEOVA PHETOLERS LLC.			
ADDRESS OF BUSINESS ENTITY	ESTEDO, FLORIDA		NAPLES, FLORIDA-			
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE .		REAL ESTATE.			
POSITION HELD WITH ENTITY	PRES IDENT / PARTNER		PARTUSK.			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		YES.			
NATURE OF MY OWNERSHIP INTEREST	REAL ESTATE		RATH ESTATE			
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment						
agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.						
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILER:		CPA or ATTO	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:				
Kur		I,	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.				
Date Signed:						
5/1/72		CPA/Attorney Signature:				
		Date Signed:				
FILING INSTRUCTIONS:						
If you were mailed the form by the Commission on Ethics or a County Candidates file this form together with their filing papers.						
Supervisor of Elections for your annual disclosure form to that location. To determine what category younder, see page 3 of instructions.	filing, return the our position falls	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 Supervision of the county in which they permanently reside.	(If you do not	/HEN TO FILE: Initially, each local officer/employee, state officer,				
permanently reside in Florida, file with the Supervis where your agency has its headquarters.) Form 1 fil	date of his or her appoin	nd specified state employee must file <i>within 30 days</i> of the ate of his or her appointment or of the beginning of employment. ppointees who must be confirmed by the Senate must file prior to				
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						

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, 2022.

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.

returned.