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 :					
WARD JAMES MAILING ADDRESS :	С					
9160 Spring K						
ESTERO :	2					
CITY: ZIP: COUNTY: ESTERD VICLAGE COUNCIL						
NAME OF AGENCY : COUNCILME						
NAME OF OFFICE OR POSITION HEL						
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE				
**** THIS SECTION MUST BE COMPLETED ****						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.						
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):						
	RCENTAGE) THRESHOLDS		R VALU	E 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		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Social Security	WAShingTON	DC	SOCIAL SECURITY			
FIDENTRY INVESTMEN	IT BASTON M	MASS	IRA			
Village OF ESTERD	Es Teho,	FL	C	Empensation		
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	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
4						
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.			
N/H			FILING INSTRUCTIONS for when and where to file this form are			
			Iocated at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

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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	น่าไปไปเป็นเป็นสาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิตาราชาวิต	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NIA					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
		ADDRESS OF CREDITOR			
IN PAT					
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 # 1 BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY		NA			
ADDRESS OF BUSINESS ENTITY	2011 12 10 10 10 10 10 10 10 10 10 10 10 10 10				
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 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					
		III.			
Signature:		CPA or ATTORNEY SIGNATURE ONLY 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.			
4/2 227 -		CPA/Attorney Signature:			
1105/02		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. <u>Do not email your form to the Commission on Ethics, it will be returned</u> .		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. <i>Candidates</i> must file at the same time they file their qualifying			
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		papers. <i>Thereafter</i> , file by July 1 following each calendar year in which they hold their positions.			
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		<i>Finally</i> , 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			

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.

other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. <u>Do not file by both mail and email. Choose only one</u>

filing method. Form 6s will not be accepted via email.