FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below	S	FOR OFFICE USE ONLY:				
LAST NAME FIRST NAME MID	DLE NAME :					
MAILING ADDRESS:	Jammy SUE					
1324 NW 12	TH PI					
Case Coral	33993 100	9				
CITY: COUNTY:						
NAME OF AGENCY:						
emplagee Re	trement boa	rd				
NAME OF OFFICE OR POSITION F	HELD OR SOUGHT:					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE				
	**** THIS SECTION MUS	T BE COMPLETE	D ****			
DISCLOSURE PERIOD:				CEMBED 31 2022		
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):						
	(PERCENTAGE) THRESHOLDS	1/		JE THRESHOLDS		
	INCOME [Major sources of income to t	he reporting person - See ins	structions]			
	eport, write "none" or "n/a")	IDOSIO		COORIETION OF THE COURSE		
NAME OF SOURCE OF INCOME	1	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
City of Care Cora	1 1015 Cultural	Fank blud	City	government		
PART B SECONDARY SOURCES	OF INCOME and other sources of income to busines	ses owned by the reporting o	omon Sac	instructions		
	report, write "none" or "n/a")	ses owned by the reporting p	erson - 3 ec	anstructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
na						
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.			
nla			and w	INSTRUCTIONS for when here to file this form are		
y //-				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 [Sto	ocks, bonds, certifica e" or "n/a")					
TYPE OF INTANGIBLE	Educard Jones					
Micro	Luu	evil somes				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Durcast Cradet union	PO BOX 11829: Jumpa of 33680					
PART F — INTERESTS IN SPECIFIED BUSINESSES [(or "n/a")	ons in certain types of businesse	es - See instructions] BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	na					
ADDRESS OF BUSINESS ENTITY	nia					
PRINCIPAL BUSINESS ACTIVITY	na					
POSITION HELD WITH ENTITY	pla	pla				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	019					
NATURE OF MY OWNERSHIP INTEREST	nla					
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to compare the compared to the compared						
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE	CONTINUED	N A SEPARATE SHEET, P	PLEASE CHECK HERE			
SIGNATURE OF FILER: 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:				
Jammy Whitaker		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:		CPA/Attorney Signature:				
10128123	Date Signed:	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.

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, 2022.