FORM 1		STATEMENT OF			2022	
Please print or type your name, mailing address, agency name, and position bel	ow: F	FINANCIAL INTERESTS			FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI	DDLE NAME	•				
Willems, David						
MAILING ADDRESS :	1					
9401 Corkscrew Palms Cir	cle					
CITY :	ZIP :	COUNTY :				
Estero	33928	Lee				
NAME OF AGENCY :						
Village of Estero						
NAME OF OFFICE OR POSITION	HELD OR S	OUGHT :				
Public Works Director						
CHECK ONLY IF 🔲 CANDIDATE OR 🔲 NEW EMPLOYEE OR APPOINTEE						
	**** TH	IS SECTION MUS	ST BE COMPLETED) ****		
DISCLOSURE PERIOD:						
THIS STATEMENT REFLECTS	THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.					
MANNER OF CALCULATIN	IG REPOR	TABLE INTERESTS:				
					R VALUES, WHICH REQUIRES	
FEWER CALCULATIONS, OR (see instructions for further deta				LY BASE	D ON PERCENTAGE VALUES	
		TAGE) THRESHOLDS			JE THRESHOLDS	
PART A PRIMARY SOURCES O (If you have nothing to			the reporting person - See insti	ructions]		
NAME OF SOURCE		SOURCE'S			DESCRIPTION OF THE SOURCE'S	
OF INCOME		ADDRESS			PRINCIPAL BUSINESS ACTIVITY	
None						
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and other s	ources of income to busine	sses owned by the reporting pe	rson - See	• instructions]	
NAME OF	NAME	IE OF MAJOR SOURCES _ ADDRESS			PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF E	BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
None						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space						
(If you have nothing to report, write "none" or "n/a")					n this form. Attach additional , if necessary.	
					G INSTRUCTIONS for when	
None					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	
			an ravarsa sida)	begin	on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		ates of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Mutual Funds	Etrade					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Chase Bank	19611 Highlar	19611 Highlands Oaks Drive, Estero, FL 33928				
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	None					
ADDRESS OF BUSINESS ENTITY						
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						
SIGNATURE OF FILER:		CPA or ATTO	ORNEY SIGNATURE ONLY			
Signature: Date Signed:		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.				
		CPA/Attorney Signature:				
		Date Signed:				
FILING INSTRUCTIONS:						
If you were mailed the form by the Commission on E Supervisor of Elections for your annual disclosure form to that location. To determine what category y under, see page 3 of instructions.	filing, return the	<i>Candidates</i> 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 Supervise of the county in which they permanently reside. permanently reside in Florida, file with the Supervise where your agency has its headquarters.) Form 1 fil the Supervisor of Elections may file by mail or emi- Supervisor of Elections for the mailing address or of use. <u>Do not email your form to the Commission on returned</u> .	(If you do not sor of the county lers who file with ail. Contact your email 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. <i>Candidates</i> must file at the same time they file their qualifying 				
State officers or specified state employees w	ho file with the	papers.				

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.

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.

CE FORM 1 - Effective: January 1, 2023. Incorporated by reference in Rule 34-8.202(1), F.A.C.