FORM 1

## **STATEMENT OF**

202	1
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Please print or type your name, mailing address, agency name, and position below	ow:   FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MI	DDLE NAME :		_
MAILING APPRESS			
MAILING ADDRESS :			
CITY:	ZIP: COUNTY	:	
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:		
CHECK ONLY IF CANDIDAT	E OR ☐ NEW EMPLOYEE	DP ADDOINTEE	
CHECK ONLY II. CANDIDA!			
DISCLOSURE PERIOD:	**** THIS SECTION MU	<u>IST</u> BE COMPLETED	****
2.002000.12.2.11.02.	YOUR FINANCIAL INTERESTS I	FOR CALENDAR YEAR END	ING DECEMBER 31, 2021.
MANNER OF CALCULATIN	G REPORTABLE INTERESTS	<b>S</b> :	
			DOLLAR VALUES, WHICH REQUIRES
	USING COMPARATIVE THRESH iils).  CHECK THE ONE YOU ARE		LY BASED ON PERCENTAGE VALUES
`	(PERCENTAGE) THRESHOLDS	•	AR VALUE THRESHOLDS
DART A DRIMARY SOURCES O	F INCOME [Major sources of income to	o the reporting person. See instr	uctions
		o the reporting person - See msu	dottorioj
	report, write "none" or "n/a")	o the reporting person - See insti	dollonoj
	report, write "none" or "n/a")	Ource's DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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(If you have nothing to  NAME OF SOURCE OF INCOME  PART B SECONDARY SOURCE [Major customers, client	report, write "none" or "n/a")  S A	OURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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PART B SECONDARY SOURCE [Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY	S OF INCOME s, and other sources of income to busin o report, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	OURCE'S DDRESS  Desses owned by the reporting per ADDRESS OF SOURCE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  Principal Business Activity of Source  Principal Business Activity of Source  You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
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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	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instructions]  (If you have nothing to report, write "none" or "n/a")					
NAME OF CREDITOR	ADDRES	S OF CREDITOR			
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	BOOMEOU ENTITY "	BOOMESC ENTITY # 2			
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					
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 SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R: CPA or ATTO	CPA or ATTORNEY SIGNATURE ONLY			
Signature: M. Wille	in good standing with the she must complete the solution of the she must complete the solution of the she must complete the solution of the she must complete the she must compl	, prepared the CE with Section 112.3145, Florida Statutes, and the			
Date Signed:	disclosure herein is true CPA/Attorney Signature				
	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 filling 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, 2021.