FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2023

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 DE FILED W	OU DATS OF LEAV	HIGH OBLIC OFFICE OR EMILEOTMENT)				
LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:			
MAILING ADDRESS:		CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):				
			LOCAL OFFIC		STATE OFFICER	
			SPECIFIED S			
CITY: ZIP:		COUNTY:		-		
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2023 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS						
	USING R PARATIVE HETHER T	EPORTING THRESHOLDS THRESHOLDS, WHICH ARE THIS STATEMENT REFLECTS	USUALLY BASED ON PEROS EITHER (must check one):	CENTAGE	LUES, WHICH REQUIRES FEWER VALUES (see instructions for further	
PART A PRIMARY SOURCES (If you have nothing to			e to the reporting person - See	e instructio	ns]	
NAME OF SOURCE OF INCOME		SOUR(ADDR		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
PART B SECONDARY SOURGE [Major customers, clients (If you have nothing to	, and other	sources of income to busines	sses owned by reporting perso	n - See in	structions]	
NAME OF	•	E OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF	BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
				INSTI	RUCTIONS on who must file	
				orm and how to fill it out on page 3 of this packet.		
				~ July	an page of this packets	

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none		cates of deposit, etc See	instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none	ns] :" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, write "none"	' or "n/a")		usinesses - See instructions] BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS 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					
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON	A SEPARATE SHEE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILES Signature:	<u>R:</u>	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,			
Date Signed:		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			

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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

FILING INSTRUCTIONS:

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>

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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2023, you may not have filed Form 1 for 2022. In that case, this is not the last form you will file. Form 1F covers January 1, 2023, through your last day of office or employment. You will be required to file Form 1 for 2022 by July 1, 2023, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.