FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2021

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)							
LAST NAME - FIRST NAME - MIDDLE NAME	A	NAME OF REPORTING PERSON'S AGENCY:					
Zmomry Judith	ANN	City of Sanibel, Florida					
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):					
9414 Sage Court		LOCAL OFFICER STATE OFFICER					
Sanibel FL	33957	SPECIFIED STATE EMPLOYEE					
CITY: ZIP:	CQUNTY:	LIST OFFICE OR POSITION HELD:					
(A-145)		City Manager					
BOTH PARTS OF THIS SECTION MUST BE COMPLETED							
DISCLOSURE PERIOD:							
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2021 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS A LIGHT MAY 30, 2021. (Date must be prior to 12/31/21)							
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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):							
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE 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 SOURCE'S DESCRIPTION OF THE SOURCE OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY							
City of Sanibel 800 Dunlop Road			Salary				
7 0	West of the second seco						
			. 8. 9				
PART B SECONDARY SOURCES OF	NCOME	CATA					
[Major customers, clients, and other	r sources of income to busine	sses owned by reporting perso	n - See instructions]				
(If you have nothing to report, w NAME OF NAM	IE OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS				
BUSINESS ENTITY O	F BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE				
N/T							
70/K		1/4					
	i i i i i i i i i i i i i i i i i i i						
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.				
	INSTRUCTIONS on who must file this form and how to fill it out						
Bridge Committee	begin on page 3 of this packet.						
A STATE OF THE STA	35 p						

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none		tificates of deposit, etc Se	ee instructions]	47 56	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Deferred Compensation	Ohio Deferred Compensation Plan				
Retirement Fund	ICMA (I	Hernational Cr	ty Manager's A	550 ciation)	
			1		
PART E — LIABILITIES [Major debts - See instruction					
(If you have nothing to report, write "none	" or "n/a")		the state of	7	
NAME OF CREDITOR		ADDRESS	S OF CREDITOR		
NA		6.90.63	- 21.	Ageat to the	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINES	SS ENTITY # 1	BUSINES	SS ENTITY # 2	
	N/A		N/A	3	
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	222.00				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		A STATE OF THE STA	Parkers of Francisco		
NATURE OF MY OWNERSHIP INTEREST			The name of reality	LI CENTRA	
IF ANY OF PARTS A THROUGH F ARE	CONTINUED C	ON A SEPARATE SHE	EET, PLEASE CHECK	HERE	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY			
Date Signed: October 11, 2021		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,			
				z nia	

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 2021, you may not have filed Form 1 for 2020. In that case, this is not the last form you will file. Form 1F covers January 1, 2021, through your last day of office or employment. You will be required to file Form 1 for 2020 by July 1, 2021, 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.

SAINT PETERSHIRG FL

Lee County Supervisor of Elections

P.O. 2545

Fort Myers, FL

33902-2545

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