FORM 1	STATE	MENT OF	2021
Please print or type your name, melling address, agency name, and position below	FINANCIAI	L INTERESTS	FOR OFFICE USE ON
LAST NAME FIRST NAME MID	Chie Lewis		
MAILING ADDRESS :	110	· · · · · · · · · · · · · · · · · · ·	
11321 NW 20	32, NP 57	· · · · · · · · · · · · · · · · · · ·	
Alachua	FL Alach	nua	2022 JUN 07 PM03:45
Alachua Soi (a	nd Water Consort	otion District	
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NAME OF OFFICE OR POSITION I	HELD OR SOUGHT ;	<u>//</u>	
CHECK ONLY IF CANDIDATI			
DISCLOSURE PERIOD:	**** THIS SECTION ML	IST BE COMPLETED) ****
THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS I	FOR CALENDAR YEAR END	DING DECEMBER 31, 2021.
MANNER OF CALCULATING			
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PART D — INTANGIBLE PERSONAL PROPERTY (Slocks, bonds, certificates of deposit, etc See instructions) (if you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
(1)	Capital City Bank					
Investment Accordint						
PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Capital City Bank	Tallahassee, FC					
		,				
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 "nia") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	L		BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	.0	Vanana -	h.			
PRINCIPAL BUSINESS ACTIVITY	Nao		N/10			
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 officere, 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.					
Signature: Signature: Mcheo J. Mandraw Date Signed: 7 Alimo 2022						
Signature:	· · · · · · · · · · · · · · · · · · ·	<u>CPA or ATTC</u> If a certified public acco in good standing with th she must complete the f 1, Form 1 in accordance w	DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or altorney e Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3146, Florida Statutes, and the Upon my reasonable knowledge and better, the and correct.			
Signature:	· · · · · · · · · · · · · · · · · · ·	<u>CPA or ATTC</u> If a certified public acco in good standing with th she must complete the f I, Form 1 in accordance w instructions to the form, disclosure herein is true CPA/Altorney Signature	DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement: , prepared the CE dith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and bellef, the and correct.			
Signature: <u>Jackeo J. Maturk</u> Date Signed: <u>7 June</u> 2022	hics or a County filing, return the bur position falls or of Elections (if you do not or of the county ers who file with all. Contact your mail address to Ethics, it will be ho file with the To file by mail, Tallahassee, FL Bidg E, Ste 200, by email, scan (do not use any do not use any	CPA or ATTC If a certified public acco In good standing with th she must complete the fil- in good standing with th she must complete the fil- in good standing with th she must complete the fil- in good standing with the in good standing with the in good standing with the file of the file this form MULTIPLE FILING UNNE Date Signed: Candidates file this form MULTIPLE FILING UNNE WHEN TO FILE: Initially and specified state emplete onfirmation, even if that appointees who must be confirmation, even if that appointment. Candidates must file at to d their positions. Finally, file a final disck eaving office or employm	A contract of the section of the sec			

CE FORM 1 - Effective; Jenuary 1, 2022. Incorporated by reference in Rule 34-8.202(1), FA.C.