	. )	* )
FORM 1	STATEMENT OF	2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	<b>FOR OFFICE USE ONLY:</b>
LAST NAME FIRST NAME MIDDLE M Alachua Soll & Wat MAILING ADDRESS B620 Nw 13th S Gainesville, FL	er Cons. Dstrct. in : Lot 388	2022 JUN 14 PM 12:22
CITY: 7380 S.W. NAME OF AGENCY: Supervisor NAME OF OFFICE OR POSITION HELD ALACAULA SOIL	Group IX Three 92 OR SOUGHT: Her Cons. Dist. + Water Cons. Dist.	722 JUN 7 pm12
	OR DINEW EMPLOYEE OR APPOINTEE	
FEWER CALCULATIONS, OR USIN (see instructions for further details).	NG REPORTING THRESHOLDS THAT ARE ABSO G COMPARATIVE THRESHOLDS, WHICH ARE U CHECK THE ONE YOU ARE USING (must check	SUALLY BASED ON PERCENTAGE VALUES one): OOLLAR VALUE THRESHOLDS
(If you have nothing to report	t, write "none" or "n/a")	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Gruta Jo Cullege St. Retersburg College State College of Fl	er St. feters hurg, Fl. Bradentin, Fl.	- educ - educ educ
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to businesses owned by the report	I ing person - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRES OF BUSINESS' INCOME OF SOUR	
Social Security	U.S. Gwernment	
Pl, State Metivenew	t 7P. State Generan	rent-
PART C REAL PROPERTY [Land, bui (If you have nothing to repor 459 A 62 M St	dings owned by the reporting person - See instructions] t, write "none" or "n/a"} to Wes Beach, F1,	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. 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 begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certifi (If you have nothing to report, write "none" or "n/a")	cates of deposit, etc See Instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
$\mathbb{N}$		
PART E — LIABILITIES [Major debts - See instructions]		
(if you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Can law		
4 _	Sitions in certain types of businesses - See Instructions] NESS ENTITY # 1 BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	<u>X</u>	
PRINCIPAL BUSINESS ACTIVITY		
NATURE OF MY OWNERSHIP INTEREST           PART G — TRAINING For elected municipal officers, appointed school		
I CERTIFY THAT I HAVE COM	ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY	
Signature: John Chamberle Date Signed: 4-7-22	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,	
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. <i>Local officers/employees</i> 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. <u>Do not email your form to the Commission on Ethics, it will be</u> returned.	<ul> <li>Candidates file this form together with their filing papers.</li> <li>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.</li> <li>WHEN TO FILE: <i>Initially</i>, 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.</li> </ul>	
State officers or specified state employees who file with the	Candidates must file at the same time they file their qualifying	

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.

nota 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.