| FORM 1  | STATEM  | EMENT OF 2021                                   |   | 2021   |
|---|---|---|---|--|
| Please print or type your name, mailing address, agency name, and position below:   | FINANCIAL   | INTERESTS                                       | , <u> </u>  | FOR OFFICE USE ONLY:   |
| LAST NAME FIRST NAME MIDDLE   |   |   | ·   |  |
| MAILING ADDRESS :   | HON   |   |   |  |
| 25169 SW 17   | ALE   |   |   |  |
|   |   |   |   | 722 JUN 16 PM  |
| CITY:  NEWBORY:  NAME OF AGENCY:  | ZOO ALAC  | ANI   |   |  |
| ALACHUA GOUN  | TY SOIL & WA                                      | 47672   |   |  |
| NAME OF OFFICE OR POSITION HELD   | OR SOUGHT:  |   |   |  |
| CHECK ONLY IF TO CANDIDATE  | OR NEW EMPLOYEE OR                                | ADDOINTEE                                       |   |  |
|   |   |   | estiva sa menteragg   |  |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU  | ** THIS SECTION MUS<br>IR FINANCIAL INTERESTS FO  |   |   | CEMBER 31, 2021.   |
| MANNER OF CALCULATING RIFILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details).  COMPARATIVE (PE | ING REPORTING THRESHOLI<br>G COMPARATIVE THRESHOL | LDS, WHICH ARE USUAL<br>JSING (must check one): | LY BASE   |  |
| PART A PRIMARY SOURCES OF INC   |   | he reporting person - See Ins                   | tructions]  |  |
| NAME OF SOURCE<br>OF INCOME   |   | JRCE'S<br>DRESS                                 |   |  |
| DATASYSTEMS   | 1722 NW 804                                       | BUD #90   | WD #90 WORK   |  |
|   | Chinas rue F                                      | <u> 32606</u>                                   |   |  |
| SPACE WALK  | 290 S SEA-BOA                                     | PO DR   | WORK  |  |
| PART B SECONDARY SOURCES OF<br>[Major customers, clients, and<br>(If you have nothing to repo   | other sources of income to busines                | ses owned by the reporting pa                   | erson - See   | instructions]  |
| NAME OF<br>BUSINESS ENTITY  | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME      | ADDRESS<br>OF SOURCE                            |   | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE   |
| Space Water (19)  |   |   |   |  |
| Novi6   |   |   |   |  |
| PART C REAL PROPERTY [Land, buil<br>(If you have nothing to repor   |   | n - See instructions]                           | lines o   | e not limited to the space on the<br>n this form. Attach additional<br>, if necessary. |
| Marie   |   |   | 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.               |  |

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| PART D — INTANGIBLE PERSONAL PROPERTY [Sto   |  | of deposit, etc See Ins   | tructions)   |    |  |  |  |
|--|--|---|--|----|--|--|--|
| TYPE OF INTANGIBLE   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  |   |  |    |  |  |  |
| NA   |  |   |  |    |  |  |  |
|  |  | and the state of the   | geng ng apgan min agaphagpe popenggi appelbupan na ilayah libag. |    |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")   |  |   |  |    |  |  |  |
| NAME OF CREDITOR   | ADDRESS OF CREDITOR  |   |  |    |  |  |  |
| RADIANT CREDIT VAIDA   | 14133 W  | MANGERRY  | RD NEWBER,   | 44 |  |  |  |
|  | of the second of |   |  |    |  |  |  |
| 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  |  |   |  |    |  |  |  |
| ADDRESS OF BUSINESS ENTITY   |  |   |  |    |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY  | 17/4   |   |  |    |  |  |  |
| POSITION HELD WITH ENTITY  | v  |   |  |    |  |  |  |
| 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   | I A SEPARATE SHE  | ET, PLEASE CHECK HER   | Е  |  |  |  |
| SIGNATURE OF FILE  | CPA or ATTO  | ORNEY SIGNATURE C   | <u>ONLY</u>  |    |  |  |  |
| Signature:   | If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Fiorida Bar prepared this form for you, he or she must complete the following statement:  |   |  |    |  |  |  |
| US-  |  | I,, prepared the CE Form 1 in accordance with Section 112,3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. |  |    |  |  |  |
| Date Signed:   | CPA/Attorney Signature:  |   |  |    |  |  |  |
| FILING INSTRUCTIONS:   |  |   |  |    |  |  |  |
| LITHA HOLKOCHORS:  |  |   |  |    |  |  |  |

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.