FORM 1	STATEMENT OF			2021			
Piease print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE TROWELL Churs: MAILING ADDRESS :	NAME: Lapler Doruch						
6680 NW 2			JUN 17 2022				
High Spemis	32643 A	11schua					
A Lachua Sort	zip: county: and Water Cor	servation					
Seat 2 Aldehra, Sort and When Conservation NAME OF OFFICE OR POSITION HELD OR SOUGHT: Algebra, County Sort and Littler Conservation Seat 2							
		RAPPOINTEE					
**** THIS SECTION <u>MUST</u> BE COMPLETED ****							
	DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.						
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). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR							
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 OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
MA			989 - 994 - 987 - 987 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 986 - 98	1977 (1979) - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 1			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
11A							
			SOTAT CENTRAL PRODUCTION CONTRACTOR	Niehol (hiel on ten 2 permenente de la Carlon)			
		n se	and in a second second	an a			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the space on the n this form. Attach additional , if necessary.			
				INSTRUCTIONS for when here to file this form are d at the bottom of page 2.			
				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

	1				
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, (If you have nothing to report, write "none" or	. bonds, certificates r "n/a")	s of deposit, etc See inst	ructions]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
AAA.					
		n mage the set that a set			
anna an ann an Anna an	an a	mana antereste da la - l'actività destructori esta a			
PART E — LIABILITIES [Major debts - See instructions]					
(If you have nothing to report, write "none" or	r "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
At her and the second s					
/ / / · / ·					
n an	and and a state of the second seco	a an			
PART F INTERESTS IN SPECIFIED BUSINESSES [Own		ns in certain types of busi	inesses - See instructions]		
(If you have nothing to report, write "none" or '	BUSINES	S ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	INA.	and and a state of the state of			
POSITION HELD WITH ENTITY		North Manufacture and Manufacture an	and the second se		
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 A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY			
Signature:		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,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the			
- Che Moulet		instructions to the form.	Upon my reasonable knowledge and belief, the		
Date Signed:		disclosure herein is true	and correct.		
Date Signed:		CPA/Attorney Signature:			
6/11/2022		Date Signed			
	nanan manan kanalar ayan dal yakara	Date Signed:			
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on Ethics	s or a County C	andidates file this form	together with their filing papers.		
form to that location. To determine what category your position fails		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.			
Local officers/employees file with the Supervisor of the county in which they permanently reside. (If	•	, each local officer/employee, state officer, ployee must file within 30 days of the			

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 filing method. Form 6s will not be accepted via email.

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.

CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.