FORM 1	STATEN	IENT OF		2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE Sell, Portrick, Jay MAILING ADDRESS: 1321 NW 50th -					
city: Gainesville ZIP: county: Bainesville 32605 Alachua NAME OF AGENCY:				JUN 172022	
NAME OF OFFICE OR POSITION HEL Alachua County Soil and Wote CHECK ONLY IF & CANDIDATE	D OR SOUGHT: <u> r Conservation District</u> OR <u> </u> NEW EMPLOYEE OF				
**** THIS SECTION <u>MUST</u> BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.					
	BING REPORTING THRESHOL NG COMPARATIVE THRESHO CHECK THE ONE YOU ARE ERCENTAGE) THRESHOLDS	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one) <u>OR</u> DOLL	.LY BASE : <b>.AR VALL</b>	R VALUES, WHICH REQUIRES ID ON PERCENTAGE VALUES J <b>E THRESHOLDS</b>	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME (Major sources of Income to ort, write "none" or "n/a")	the reporting person - See Ins	tructions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
University of Florida	1938 W University A	ve, Gairgarille, 32603	Director	- of Disbursements -	
``````````````````````````````````````				Fundraising	
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		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Anne	Mine	None		None	
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.	
Home mortgage			and w	BINSTRUCTIONS for when here to file this form are d at the bottom of page 2,	
			INSTR this fo	UCTIONS on who must file rm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stool (If you have nothing to report, write "none TYPE OF INTANGIBLE			structions] VHICH THE PROPERTY RELATES				
AT+T Stock	Personal	s p					
	10,00 (0)	4 1000 1.01					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none		ender and daard for an all an of the state of the state of the					
NAME OF CREDITOR	ADDRESS OF CREDITOR						
Nox	N	None					
	e-speljested for Sampling, interfere specy of a						
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none")	or "n/a")	ions in certain types of bus	sinesses - See instructions] BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	None		None				
ADDRESS OF BUSINESS ENTITY	,						
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST	an a	an a					
	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.						
	nta ana sa singina se na niwiki	(a) A tradition of the tradition of the state of the s	a hara a say a na kara kara ka sa sa sa sa karana ka sa kara kara kara kara kara kara ka				
Signature: Signature: Jata Jull Date Signed: 6-17-2022		CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorned in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:  I,, prepared the C Form 1 in accordance with Section 112.3145, Florida Statutes, and th instructions to the form. Upon my reasonable knowledge and belief, th disclosure herein is true and correct.  CPA/Attorney Signature:					
	an ya kubuya diya ya Din Karat	Date Signed:					
FILING INSTRUCTIONS: If you were mailed the form by the Commission on Eth Supervisor of Elections for your annual disclosure f form to that location. To determine what category younder, see page 3 of instructions. Local officers/employees file with the Supervisor of the county in which they permanently reside, permanently reside in Florida, file with the Supervisor where your agency has its headquarters.) Form 1 file the Supervisor of Elections may file by mail or ema Supervisor of Elections for the malling address or er- use. Do not email your form to the Commission on freturned. State officers or specified state employees wh Commission on Ethics may file by mail or email. send the completed form to P.O. Drawer 15709, T 32317-5709; physical address: 325 John Knox Rd, E Tallahassee, FL 32303. To file with the Commission	illing, return the bur position falls or of Elections (If you do not or of the county ers who file with ill. Contact your mail address to <u>Ethics. it will be</u> no file with the To file by mail, Tallahassee, FL	MULTIPLE FILING UNN 1 with a qualifying officer or Supervisor of Election WHEN TO FILE: <i>Initiali</i> and specified state em date of his or her appoin Appointees who must be confirmation, even if that appointment. <i>Candidates</i> must file a papers.	together with their filing papers. <b>IECESSARY:</b> A candidate who files a Form r is not required to file with the Commission is. y, each local officer/employee, state officer, ployee must file within 30 days of the ntment or of the beginning of employment. a confirmed by the Senate must file prior to t is less than 30 days from the date of their at the same time they file their qualifying following each calendar year in which they				

CE FORM 1	- Effective: Jan	iuary 1, 2	022.
Incorporated	by reference in	Rule 34-6	3.202(1), F.A.C.