FORM 1	STATEM	IENT OF	2022				
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIC	DLE NAME: ETYY WETGELL						
MAILING ADDRESS :	ony racracii						
1009 Georgia	Avenue						
Mexico Beach	32454	BAY					
CITY:	ZIP: COUNTY:						
NAME OF AGENCY:  CITY COUNCIL	FROUP 2 Mexico	beach					
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:						
CHECK ONLY IF CANDIDAT	E OR NEW EMPLOYEE OR	APPOINTEE					
**** THIS SECTION MUST BE COMPLETED ****							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.							
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  QR  DOLLAR VALUE THRESHOLDS							
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		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
RRB	Atlanta						
PART B SECONDARY SOURCE	B 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				PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA	NA	NA		NK			
	•	·	*****	1			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				
			and w	3 INSTRUCTIONS for when here to file this form are 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 [Stocks, 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					
NA-	NA-					
<u>'</u>						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
NH						
, i i						
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	<u> </u>	· P	Y			
PRINCIPAL BUSINESS ACTIVITY						
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 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 ATTO	DRNEY SIGNATURE ONLY			
Jo w S		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 instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.				
1-26-3023		CPA/Attorney Signeture:				
		Date Signed:				
FILING INSTRUCTIONS:						
If you were mailed the form by the Commission on Etr Supervisor of Elections for your annual disclosure f	Aliena material than		together with their filing papers.			

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

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, 2022.