FORM 1	STATEMENT OF		20 21	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR OFFICEUSE ONLY:	
LAST NAME - FIRST NAME - MIDDL Anderson Charle	ENAME: S Andrew		-	
MAILING ADDRESS: 1019 Prairie Dynes Ct			ova 2022 JUN15AM09:18	
Orange Park NAME OF AGENCY:	ZIP: COUNTY: 32065 Cla	4		
SUCDO				
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT :			
SCOUT CANDIDATE	OR NEW EMPLOYEE OR A	ADDOINTEE		
-				
DISCLOSURE PERIOD:	**** THIS SECTION MUS	E BE COMPLETED	***	
	OUR FINANCIAL INTERESTS FOR	R CALENDAR YEAR ENDI	NG DECEMBER 31, 201.	
(see instructions for further details COMPARATIVE	USING REPORTING THRESHOLD	DS, WHICH ARE USUALLY SING (must check one): OR DOLLA	OOLLAR VALUES, WHICH REQUIRES BASED ON PERCENTAGE VALUES R VALUE THRESHOLIS	
(If you have nothing to re	eport, write "none" or "n/a")	to reperting person and more	olonoj	
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINES ACTIVITY	
Acusta Sales & Market	is 6600 Corporate C	enter Parkway	SVP	
	Jacksonville F	1 32216		
,				
	S OF INCOME i, and other sources of income to busines report, write "none" or "n/a")	sses owned by the reporting pers	son - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPL BUSINESS ACTIVITYOF SOURCE	
WW.		1000		
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 be space on the lines on this form. Attah additional sheets, if necessary.	
			FILING INSTRUCTIONS for when and where to file this form are located at the botton of page 2.	
			INSTRUCTIONS on the must file this form and how tefill it out begin on page 3	

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				
Retirement 401K	Acosta So	les & Marketing			
	And the description of the large of the larg	and a second			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	s] e" or "n/a")		1 - 2-2-2-1		
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Mortgage 5801 Postal Rd					
, , , ,	Cleveland OH 44181				
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			2		
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	anganishi kari di 200 metyani di 1857 kangil Panganji Panjanji Kalandani di Karandani di Panjanji ka	mana (n. 1935), mandan manakan manakan 1980 (n. 1886), kan angahan (n. 1887), angahan (n.			
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 FILE	R:	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,			
Date Signed:		disclosure herein is true and correct. CPA/Attorney Signature:			
		Date Signed:			
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.

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

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.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.