FORM 1	STATEM	ENT 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 Church David MAILING ADDRESS : 3273 Hidden	NAME: A. Meglows CT	Reci	d 2022.)	TUN16PM01:48
Green Cove Springs POINT Hills NAME OF AGENCY. Sect NAME OF OFFICE OR POSITION HEL	B2043 Clar COUNTY : COUNTY : D OR SOUGHT :	J		
CHECK ONLY IF CANDIDATE	OR D NEW EMPLOYEE OR	APPOINTEE		
** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	*** THIS SECTION MUS			CEMBER 31, 2021.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).	ING REPORTING THRESHOL	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL JSING (must check one)	LY BASE	
PART A PRIMARY SOURCES OF IN (If you have nothing to repo		the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
5M Church properties 28 County St Norwalk,		- Norwalk, CT	Com	nercial real estate
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	d other sources of income to busines	sses owned by the reporting p	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 3273 Hidden Meadows CT GCS 32043			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			INSTR	CUCTIONS on who must file form and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	ates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Merceclos Funcial None				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or posi	tions in certain types of businesses - See instructions]			
(If you have nothing to report, write "none" or "n/a") BUSIN	IESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	و			
	0			
POSITION HELD WITH ENTITY	e			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS 5M Ch	orch properties			
NATURE OF MY OWNERSHIP INTEREST Family	Bucsinest			
PART G — TRAINING For elected municipal officers, appointed school				
agency created under Part III, Chapter 163 required to complete annual eth				
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED	Version-scale and descention of the second strength of the second secon Second second sec			
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IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER:	ON A SEPARATE SHEET, PLEASE CHECK HERE <u>CPA or ATTORNEY SIGNATURE ONLY</u> If a certified public accountant licensed under Chapter 473, or attorney			
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IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature: Date Signed: 6-1 -22	ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY 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.			
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