FORM 1	STATEME	VT OF	2021
Please print or type your name, malling address, agency name, and position below:	FINANCIAL IN	TERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE  AVOR WESL  MAILING ADDRESS:	Ammer.		12022HAY20H12:59
CITY:  CLAY COUNTY SO  NAME OF AGENCY:  SURER VISOR  NAME OF OFFICE OR POSITION HE	ZIP: COUNTY:  LAWG (1) ASTER DIST  PLST #4  DOR SOUGHT:		1.2022
CHECK ONLY IF	OR NEW EMPLOYEE OR APP	POINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING FILERS HAVE THE OPTION OF USE (see instructions for further details COMPARATIVE ( PART A PRIMARY SOURCES OF	SING REPORTING THRESHOLDS ING COMPARATIVE THRESHOLDS ). CHECK THE ONE YOU ARE USII	CALENDAR YEAR ENDING THAT ARE ABSOLUTE DO WHICH ARE USUALLY NG (must check one):  TO DOLLAR	DOLLAR VALUES, WHICH REQUIRE Y BASED ON PERCENTAGE VALUE R VALUE THRESHOLDS
NAME OF SOURCE OF INCOME	JRCE   SOURCE'S		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURIT	Y		
PART B SECONDARY SOURCE: [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY	OF INCOME and other sources of income to businesse report, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	s owned by the reporting pers  ADDRESS  OF SOURCE	son - See instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	10		
	/4		
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 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 INSTRUCTIONS on who must fil this form and how to fill it out begin on page 3.