FORM 1

STATEMENT OF

2021

Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTERESTS	8	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME M	IDDLE N	AME :			
Martinez, Janette			OSC SOE JUN13'2215:37		
MAILING ADDRESS: 608 W Vine St					
000 W VIIIC St					
CITY:	;	ZIP: COUNTY:			
Kissimmee	347	741 Osceola			
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION					
Kissimmee City Commissi	oner Se	eat 4	2		
CHECK ONLY IF 🗹 CANDIDA	ATE OF	R NEW EMPLOYEE O	RAPPOINTEE		
DISCUSSION DEDICE.	****	THIS SECTION MU	ST BE COMPLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	3 YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2021.
(see instructions for further det	OF USING USING ails). Ch	G REPORTING THRESHOL COMPARATIVE THRESHO	LDS THAT ARE ABSOLUTE DLDS, WHICH ARE USUAL USING (must check one)	LY BASE :	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES JE THRESHOLDS
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PART A PRIMARY SOURCES ()F INCOM	ME [Maior sources of income to	the reporting person - See ins	tructions]	
PART A PRIMARY SOURCES Of (If you have nothing to	OF INCOM	ME [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions]	
PART A PRIMARY SOURCES C (If you have nothing to NAME OF SOURCE OF INCOME	OF INCOM o report, v	write "none" or "n/a") SO	the reporting person - See ins	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to	OF INCOM Preport, V	write "none" or "n/a") SO	URCE'S DRESS	DE P	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME	OF INCOM	write "none" or "n/a") SO AD	URCE'S DRESS	DE P	SCRIPTION OF THE SOURCE'S
(If you have nothing to NAME OF SOURCE OF INCOME Shader Brothers	OF INCOM	so AD 608 W Vine St., Kissin	URCE'S DRESS	DE P Storage	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
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NAME OF SOURCE OF INCOME Shader Brothers N/A N/A N/A PART B SECONDARY SOURCE [Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY) J40 Films Production LLC N/A N/A	ES OF INITIAL INITIALI INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL INITIAL	write "none" or "n/a") SO AD 608 W Vine St., Kissin N/A N/A N/A COME ther sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED BY THE PROPERTY OF SOURCE 608 W Vine St., Kissimmee N/A N/A	Storage N/A N/A N/A erson - See	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY and Uhaul instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE Cinematography
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NAME OF SOURCE OF INCOME Shader Brothers N/A N/A N/A PART B SECONDARY SOURCE [Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY J40 Films Production LLC N/A N/A PART C REAL PROPERTY [Lar (If you have nothing to N/A)	ES OF INITIAL INTERPORT IN	write "none" or "n/a") SO AD 608 W Vine St., Kissin N/A N/A N/A N/A COME ther sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED BY THE PROPERTY OF SOURCE 608 W Vine St., Kissimmee N/A N/A	Storage N/A N/A N/A Person - See	escription of the source's rincipal business activity and Uhaul instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE Cinematography N/A N/A enot limited to the space on the on this form. Attach additional if necessary.

PART D — INTANGIBLE PERSONAL PROPERTY [State of the control of the	ne" or "n/a")						
TYPE OF INTANGIBLE N/A	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
	N/A						
N/A	N/A						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
GM Financial	801 Cherry Stree	801 Cherry Street, Ste. 3600Fort Worth, TX 76102					
N/A	N/A						
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY	" or "n/a")	S ENTITY # 1	sinesses - S	See instructions] BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	608 W Vine St., Kis	ssimmee FL 34741	N/A				
PRINCIPAL BUSINESS ACTIVITY	Video and photography		N/A				
POSITION HELD WITH ENTITY	President	<u>U 1 7</u>	N/A				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%		N/A				
NATURE OF MY OWNERSHIP INTEREST	Family Business		N/A				
PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to a CERTIFY THAT I	complete annual ethics	training pursuant to section	on 112.3142	2, F.S.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE OF FILE	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:					
Janette Martínez	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.						
Date Signed:				,			
5/19/22		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 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 filling 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.