| FORM 1 | STATEME | NT OF | 2021 |
|--|--|--|---|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL II | NTERESTS | FOR OFFICE USE ONLY: |
| LAST NAME FIRST NAME MIDDLE | NAME : | | |
| MAILING ADDRESS: | th Robert | 0SC 9 | OE JUN18'2213:24 |
| 1415 Haldu | OAKS Bund | major de la | |
| St Cloud 3 | 34771 oseeolo | | |
| CITY: | ZIP: COUNTY: | | |
| NAME OF AGENCY : | | 3 C C C C C C C C C C C C C C C C C C C | |
| NAME OF OFFICE OR POSITION HELD | 1 City Cource | | |
| NAME OF OFFICE OR POSITION HELD | OR SOUGHT: | 11580 William Charton | |
| CHECK ONLY IF CANDIDATE | OR NEW EMPLOYEE OR AP | POINTEE | |
| *** | * THIS SECTION MUST | BE COMPLETED **** | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU | | | CEMBER 31, 2021. |
| MANNER OF CALCULATING RI | | | |
| FILERS HAVE THE OPTION OF USI FEWER CALCULATIONS, OR USIN | NG REPORTING THRESHOLDS G COMPARATIVE THRESHOLDS | THAT ARE ABSOLUTE DOLLAR WHICH ARE USUALLY BASE | R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES |
| (see instructions for further details). | CHECK THE ONE YOU ARE USI | NG (must check one): | |
| A STATE OF THE PARTY OF THE PAR | Maria de Arte de Caractería de | 24 45 6 64 4 65 | JE THRESHOLDS |
| PART A PRIMARY SOURCES OF INCO | OME [Major sources of income to the rat, write "none" or "n/a") | eporting person - See instructions] | |
| NAME OF SOURCE OF INCOME | SOURC ADDRE | | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY |
| G. Ibent Exposition Mat | 11580 Rulead | | esides |
| | | | |
| | | 2008 | The second |
| PART B SECONDARY SOURCES OF | INCOME | | |
| [Major customers, clients, and (If you have nothing to report | other sources of income to businesses | owned by the reporting person - See | instructions] |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS | PRINCIPAL BUSINESS |
| C 1) 6 mgt | Water Higher Colors | OF SOURCE | ACTIVITY OF SOURCE |
| CVIII - The second to be | | 27.1 | Pental - |
| THE PARTY OF THE PARTY SALES | A REAL PROPERTY OF THE PARTY OF | 15 80 Relandetou | Mental Ment |
| PART C REAL PROPERTY [Land, build (If you have nothing to report, | ings owned by the reporting person - S | ee instructions] You are | not limited to the space on the |
| 1209 Flowida x | | lines of | n this form. Attach additional if necessary. |
| | folizelo ignificación de discolarios de discolario | and wh | INSTRUCTIONS for when nere to file this form are |
| | | located | d at the bottom of page 2. |
| | | this fo | UCTIONS on who must file rm and how to fill it out on page 3. |

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO W | HICH THE PROPERTY RELATES |
|---|--|---|
| None | | |
| Control of Armer constitution of States and | and the second s | |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none | | |
| | 800 W TRUDE Steet ADDRESS | whole NC 28288 |
| NAME OF CREDITOR | 800 W (Plane Steat ADDRES. | S OF CREDITOR |
| Bunk of America | 800 (han lotte Comme | recent Count |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [| Ownership or positions in certain types of busi | nesses - See instructions] |
| (If you have nothing to report, write "none" | | BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | a lend expection matter | -CKN DIKM |
| ADDRESS OF BUSINESS ENTITY 11580 Myland | CKNDORM LLC.ONLAND | 1 415 Hidden Dell Band |
| PRINCIPAL BUSINESS ACTIVITY | | |
| POSITION HELD WITH ENTITY | gnes, lent | owner |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | Ves | Yes |
| NATURE OF MY OWNERSHIP INTEREST | 10040 | 100 90 |
| PART G — TRAINING For elected municipal officers, | appointed school superintendents, and commis | ssioners of a community redevelopment |
| agency created under Part III, Chapter 163 required to c | | |
| ☐ I CERTIFY THAT I | HAVE COMPLETED THE REQU | JIRED TRAINING. |
| | | |
| IF ANY OF PARTS A THROUGH G ARE | CONTINUED ON A SEPARATE SHE | ET, PLEASE CHECK HERE |
| IF ANY OF PARTS A THROUGH G ARE | | ORNEY SIGNATURE ONLY |
| SIGNATURE OF FILE Signature: | CPA or ATTO | DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or |
| SIGNATURE OF FILE | If a certified public according good standing with the she must complete the standing with the she will be shown that the she will be shown the she will be she will be shown that the she will be shown that the she will be s | untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement: |
| SIGNATURE OF FILE Signature: | If a certified public according good standing with the she must complete the light. Form 1 in accordance with the she must complete | untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement: |
| SIGNATURE OF FILE Signature: | If a certified public according good standing with the she must complete the she must co | untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement: |

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.

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.