FORM 1	STATEMI	ENT OF		2021
Please print or type your name, mailing address, agency name, and position below	FINANCIAL I	NTEREST	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD	LE NAME :			
MEISNER, David Edward		V erosaratorii p <mark>e</mark> rocar		
MAILING ADDRESS :		18 0Hold0 83 18 18 18 18 18 18 18	an ese hve bo ngo s	0E JUN14'228:26
3410 Pawleys Loop N	63 RO 11 STORES			0L 00H14 220:20
		P.D. Box 93		
CITY:	ZIP: COUNTY:	P.O. Box 3		
Saint Cloud	Fl 34769	Name of the last o		
NAME OF AGENCY: Stevens Plantation Communication	ty Development District	VSES (Ownership or p "neog" or "mu") EU		
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT :			
Seat 1				
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AF	PPOINTEE		
MANNER OF CALCULATING FILERS HAVE THE OPTION OF USE FEWER CALCULATIONS, OR USE (see instructions for further details COMPARATIVE (F	PERCENTAGE) THRESHOLDS ONCOME [Major sources of income to the port, write "none" or "n/a") P.O. Box 45, Boyers, AP	THAT ARE ABSOLUTES, WHICH ARE USUANG (must check one DOI DOI 100) Treporting person - See in 16017	TE DOLLAR V. ALLY BASED (e): LLAR VALUE instructions]	ALUES, WHICH REQUIRES ON PERCENTAGE VALUES THRESHOLDS RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY Pension
	Date digned.			
(If you have nothing to re	OF INCOME and other sources of income to businesses port, write "none" or "n/a")	owned by the reporting	person - See ins	tructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None siela sevolomensorio labol	THE WHEN THE THE MITTERLY COCK	opervisor (2000) resides (2 year do 1	s en may en	Joseph Office Property States They
or at the peginning of employment,	date of a service appointment Approximation who must be control	ere vive of the court ent tiffers who ak w	Ticalement	where you agency has its be
than 30 days from the date of their	definition over in that is less	ess of email Rotaries oss of emai l software	ay file by mell e nailing addo	to Successor of Elections in Sugar, sur of Electic is for the
PART C REAL PROPERTY [Land, b (If you have nothing to rep None	uildings owned by the reporting person - 8 ort, write "none" or "n/a")	See instructions]	You are no lines on th sheets, if r	ot limited to the space on the is form. Attach additional necessary.
to ayr 5 (3) piritiw (41 anc-3) mot loon (42 form) 12 (40) the coord	os ela 3 an <mark>ia 69</mark> xo Danisano yo nosang	FILING INSTRUCTIONS for when and where to file this form are		
t egy of the files of filing at CE Fortal 1 Appropriate St. 2022	by of Financial Interests) does not by italia files was in his or her position.	s par (da nor use s situs and retail a co	de neimbro	t the bottom of page 2.
		ar and Opposed 15.	this form begin on	TIONS on who must file and how to fill it out page 3.

	none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Auto Leases	US Bank, 200 South Sixth Street, Mineapolis, MN 55401		
	ELS NOBER Character with the transfer of the second		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
U.S. Dept of Education	P.O. Box 9500, Wilkes-Barre, PA 18773		
U.S. Dept of Education	P.O. Box 3420, Concord, NH 03302		
(If you have nothing to report, write "no	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	JEGIK ONLY IS 113. CANDIDAGE JORGES TO LEW EMPLOYEE OR APPOINTEE.		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ESS MOD 38 TRUM MOITO38 SIHI ****		
NATURE OF MY OWNERSHIP INTEREST	THE SACRED RESIDENCE AND THE PROPERTY OF THE P		
PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required I CERTIFY THAT	cers, appointed school superintendents, and commissioners of a community redevelopment to complete annual ethics training pursuant to section 112.3142, F.S. T I HAVE COMPLETED THE REQUIRED TRAINING.		
PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required I CERTIFY THAT	T I HAVE COMPLETED THE REQUIRED TRAINING. ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required I CERTIFY THAT	T I HAVE COMPLETED THE REQUIRED TRAINING. ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY		
PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required I CERTIFY THAT	T I HAVE COMPLETED THE REQUIRED TRAINING. ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorr in good standing with the Florida Bar prepared this form for you, he she must complete the following statement: I,, prepared the Form 1 in accordance with Section 112.3145, Florida Statutes, and		
PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required I CERTIFY THAT IF ANY OF PARTS A THROUGH GASIGNATURE OF FILES	T I HAVE COMPLETED THE REQUIRED TRAINING. ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorr in good standing with the Florida Bar prepared this form for you, he she must complete the following statement: prepared the		

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 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 <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.