EODM 1	OTATEN	ENT OF		2021	
FORM 1	I 1 STATEMENT OF name, mailing FINANCIAL INTERESTS				
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDL			000	SOE JUN13'2215:45	
MAILING ADDRESS :	Elizzbeth		0003	000 00010 2210140	
1540 Corolli	× CT				
D	ceda				
CITY:					
REUNION ERS					
Board men	5				
NAME OF OFFICE OR POSITION HEI	D OR SOUGHT :				
CHECK ONLY IF CANDIDATE		RAPPOINTEE			
	*** THIS SECTION MUS	ST BE COMPLETED) ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS F	OR CALENDAR YEAR END	ING DE	CEMBER 31, 2021.	
MANNER OF CALCULATING	REPORTABLE INTERESTS:				
FILERS HAVE THE OPTION OF U	SING REPORTING THRESHOL	DS THAT ARE ABSOLUTE			
FEWER CALCULATIONS, OR USI (see instructions for further details).			LY BASE	D ON PERCENTAGE VALUES	
			AR VALL	JE THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See inst	ructions]		
NAME OF SOURCE		URCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME	AD	DRESS	PRINCIPAL BUSINESS ACTIVITY		
VONE					
PART B SECONDARY SOURCES O [Major customers, clients, ar	F INCOME ad other sources of income to busine ort, write "none" or "n/a")	sses owned by the reporting pe	rson - See	instructions]	
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
	-				
		Pagingtrustions]			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				e not limited to the space on the on this form. Attach additional s, if necessary.	
Home				FILING INSTRUCTIONS for when	
				and where to file this form are located at the bottom of page 2.	
		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.

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PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificate e" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stocks	Morgan Stanley Chase - Misran Staulex			
Cash	Chase - Margan Staulex			
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non	s]	0		
NAME OF CREDITOR		ADDRESS OF CREDITOR		
NONE				
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	' or "n/a")	ons in certain types of busi	nesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		ne		
ADDRESS OF BUSINESS ENTITY	Non	e		
PRINCIPAL BUSINESS ACTIVITY	Nor	1-e		
POSITION HELD WITH ENTITY	Non	e		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Non	e		
NATURE OF MY OWNERSHIP INTEREST	None	2.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
Signature:		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.		
June 13, 2022		CPA/Attorney Signature:		
June Jiava	5	- 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.				
Supervisor of Elections for your annual disclosure form to that location. To determine what category	filing, return the our position falls	MULTIPLE FILING UNN 1 with a qualifying officer	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission s.	
Supervisor of Elections for your annual disclosure form to that location. To determine what category	filing, return the your position falls sor of Elections . (If you do not sor of the county illers who file with nail. Contact your email address to <u>thics</u> , it will be	MULTIPLE FILING UNNI 1 with a qualifying officer or Supervisor of Elections WHEN TO FILE: <i>Initially</i> and specified state em date of his or her appoin Appointees who must be confirmation, even if that appointment.	ECESSARY: A candidate who files a Form is not required to file with the Commission	

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