FORM 1	STATEN.	ίεντ οε		2021
	FORM 1 STATEMENT OF Base print or type your name, mailing FINANCIAL INTERES			FOR OFFICE USE ONLY:
address, agency name, and position below:			ner er	E JUN 13'2215:44
BOWMAN Edwa	1 Matthew	-	000 00	E 30/413 ZZ13.44
MAILING ADDRESS :	A 1 A			
2676 Meadows	the buf			
St Ctord FL	034992			
city: st cloud FL	ZIP: COUNTY:			
NAME OF AGENCY :	1.12 USC	2019		
Thin Laker C	PP Bourl			
NAME OF OFFICE OR POSITION HEL	COB DISTIN	ts		
CHECK ONLY IF CANDIDATE OR DISTING S				
			4444	
**** THIS SECTION <u>MUST</u> BE COMPLETED **** DISCLOSURE PERIOD:				
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.				
MANNER OF CALCULATING R				
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN				
(see instructions for further details).	CHECK THE ONE YOU ARE	USING (must check one):		
and the second	RCENTAGE) THRESHOLDS			JE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		the reporting person - See instr	uctions]	
NAME OF SOURCE		URCE'S	DESCRIPTION OF THE SOURCE'S	
OF INCOME	1	DRESS		
H Petrolen Marketter Assoc	Tallahassee, F		LXe	evitive pirector
	111/4/1455 200 /	30,08		
PART B SECONDARY SOURCES OF	INCOME to ther sources of income to busine	sses owned by the reporting per	son - See	instructions]
(If you have nothing to repo		sses owned by the reporting per	3011 - 000	instructionsj
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS, INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
IN/ IN	ALA	AIM		11
VII AT	11/11	11/17		NIA
PART C REAL PROPERTY [Land, bui	Idings owned by the reporting perso	on - See instructions]		e not limited to the space on the nthis form. Attach additional
(If you have nothing to report, write "none" or "n/a") 2676 Meadowelge Lurp St Cloud FL				n this form. Attach additional , if necessary.
2676 Meadowelge Love st cloud FL 2/80 Lake orbun Dr Like Worth FL			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it out	
		and a second		on page 3.
CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.	(Continued	on reverse side)		PAGE 1

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	ales of deposit, etc See instructionsj
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
none	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
n/n	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or posi (If you have nothing to report, write "none" or "n/a") BUSIN	tions in certain types of businesses - See instructions] IESS ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	
ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	
POSITION HELD WITH ENTITY	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	
NATURE OF MY OWNERSHIP INTEREST	
PART G — TRAINING For elected municipal officers, appointed school agency created under Part III, Chapter 163 required to complete annual ether ICERTIFY THAT I HAVE COM	superintendents, and commissioners of a community redevelopment nics training pursuant to section 112.3142, F.S. PLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY
	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,
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
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.
Signature: Date Signed:	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.  CPA/Attorney Signature:
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,
Signature: Signature: Date Signed: blbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb	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:         1,
Signature: Signature: Date Signed: UBL 2020 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 for the mailing address or email address to	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:         1,

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

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