FORM 1	STATEM	ENT OF		2022		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDL Deford, Nicholar MAILING ADDRESS :	e NAME : Adam Ve			EGENVEN		
CITY: Zephynhills NAME OF AGENCY: City of Zephyn NAME OF OFFICE OR POSITION HE Mayor CHECK ONLY IF CANDIDATE			Cit	FEB 1 0 2023 y of Zephyrhills		
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022. MANNER OF CALCULATING REPORTABLE INTERESTS FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): Image: Comparative (PERCENTAGE) THRESHOLDS OR Image: Colspan="2">Image: Colspan="2">OLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF IN (If you have nothing to rep NAME OF SOURCE	oort, write "none" or "n/a")	the reporting person - See instr	DE	SCRIPTION OF THE SOURCE'S		
OF INCOME First Church of the Na		physhill 37542	Church Religiour			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF NAME OF NAME OF MAJOR SOUR OF BUSINESS' INCOM		ADDRESS		PRINCIPAL BUSINESS		
· ·						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") Vacant land. No address. 20 th St south of CAVE, Owned by D.A.R.N. Investments			lines of sheets FILIN and w locate INSTF	re not limited to the space on the on this form. Attach additional s, if necessary. G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out on page 3.		

- A.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
λ/Λ						
N/H						
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/H						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 D.A.R. N Encertments		BUSINESS ENTITY # 2 DBA: EDGE Landscaping			
ADDRESS OF BUSINESS ENTITY	4723 Louis Dr		4723 Louis Dr			
PRINCIPAL BUSINESS ACTIVITY	Property Envertment		Landscaping Owner 25020			
POSITION HELD WITH ENTITY	Ouner	2570	Owner 25020			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	V		V			
NATURE OF MY OWNERSHIP INTEREST	partne		partaer			
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
			-,,			
SIGNATURE OF FILE		11	ORNEY SIGNATURE ONLY			
Signature:		CPA or ATTO If a certified public accor in good standing with th she must complete the I, Form 1 in accordance w	DRNEY SIGNATURE ONLY built ant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the			
Signature: Adductorial Date Signed:		CPA or ATTO If a certified public acco in good standing with th she must complete the I, Form 1 in accordance w instructions to the form.	DRNEY SIGNATURE ONLY built and licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.			
Signature:		CPA or ATTC If a certified public acco in good standing with th she must complete the I, Form 1 in accordance w instructions to the form. disclosure herein is true CPA/Attorney Signature	DRNEY SIGNATURE ONLY built and licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.			
Signature: Add Date Signed: 2-10-23		CPA or ATTC If a certified public acco in good standing with th she must complete the I, Form 1 in accordance w instructions to the form. disclosure herein is true	DRNEY SIGNATURE ONLY built and licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.			
Signature: Adductorial Date Signed:	hics or a County filing, return the	CPA or ATTO If a certified public acco in good standing with th she must complete the I,	DRNEY SIGNATURE ONLY puntant licensed under Chapter 473, or attorney performed a Bar prepared this form for you, he or following statement:			
Signature: Multiple Date Signed: Z-10-23 FILING INSTRUCTIONS: If you were mailed the form by the Commission on Et Supervisor of Elections for your annual disclosure form to that location. To determine what category you	hics or a County filing, return the bur position falls for of Elections (If you do not or of the county ers who file with ail. Contact your email address to	CPA or ATTC If a certified public acco in good standing with th she must complete the I,	DRNEY SIGNATURE ONLY puntant licensed under Chapter 473, or attorney performed bar prepared this form for you, he or following statement:			
Signature: Multiple Signed: Z-10-23 FILING INSTRUCTIONS: If you were mailed the form by the Commission on Ett Supervisor of Elections for your annual disclosure form to that location. To determine what category you under, see page 3 of instructions. Local officers/employees file with the Supervisor of the county in which they permanently reside. permanently reside in Florida, file with the Supervise of the county in which they permanently reside. permanently reside in Florida, file with the Supervise where your agency has its headquarters.) Form 1 file the Supervisor of Elections may file by mail or emand Supervisor of Elections for the mailing address or e use. Do not email your form to the Commission on	hics or a County filing, return the our position falls for of Elections (If you do not or of the county ers who file with ail. Contact your email address to Ethics, it will be ho file with the To file by mail,	CPA or ATTO If a certified public acco in good standing with th she must complete the I,	DRNEY SIGNATURE ONLY puntant licensed under Chapter 473, or attorney performed by the section of properties of the section for you, he or following statement:			