FORM 1	STATEN	STATEMENT OF 202		2022	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
,	VEN FENTON				
MAILING ADDRESS: 4340 141	INTINGTON D	2			
			D	EGEIVEN	
CITY: ZEPHYRHIUS 33572 COUNTY: PASCO				FEB 07 2023	
NAME OF AGENCY: CITY OF ZEPHYRHILLS		-2-	City	of Zephyrhills	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: CIM COUNCIL SEATZ					
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
	**** THIS SECTION MU	ST BE COMPLETED	****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS F			CEMBER 31, 2022.	
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U (see instructions for further detail	I REPORTABLE INTERESTS USING REPORTING THRESHOR SING COMPARATIVE THRESHOR S). CHECK THE ONE YOU ARE PERCENTAGE) THRESHOLDS	.DS THAT ARE ABSOLUTE DLDS, WHICH ARE USUALI USING <mark>(must check one)</mark> :	Y BASE	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES JE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF SOURCE OF INCOME	j so	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
RETIREMENT ACCT		ST TAMPA FEST	E 100	0 33602 - FUAD	
SOCIAL SECURITY	P. U. BOX 67610			FIND	
	WILKES-BARRE	8A 18767-761)		
(If you have nothing to I	and other sources of income to busine eport, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	son - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
NONE					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
			INSTR	UCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")		
TYPE OF INTANGIBLE	BUŞINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
PART E LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	e" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/A			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none			
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
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 agency created under Part III, Chapter 163 required to	appointed school superintendents, and commissioners of a community redevelopment complete annual ethics training pursuant to section 112.3142, F.S.		
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	R: CPA or ATTORNEY SIGNATURE ONLY		
Signature:	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:		
Steven 7 Spins	I,, prepared the CI 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.		
Date Signed:	CPA/Attorney Signature:		
	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.

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, 2022.