FORM 1	STATEMENT OF	2021	
rokwi i	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:	
Yagnik, Nick Eastlake Oaks Community Development District		202 NAV 31 AN 9: 12 STEERICH SERVICE CENTER	
Nium.	OR NEW EMPLOYEE OR APPOINTEE		
CHECK CHET II		***	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING RI FILERS HAVE THE OPTION OF USI FEWER CALCULATIONS, OR USIN (see instructions for further details).	NG REPORTING THRESHOLDS THAT ARE ABSOLUTE G COMPARATIVE THRESHOLDS, WHICH ARE USUALL CHECK THE ONE YOU ARE USING (must check one):	ING DECEMBER 31, 2021. DOLLAR VALUES, WHICH REQUIRES	
PART A PRIMARY SOURCES OF INC	OME IMaior sources of income to the reporting person - See instr	ructions]	
(If you have nothing to repor	source's Address	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
OF INCOME	Washington D.C.	Social Security	
MARKSMAN Security	4905 We Laurel St. Tampa Security Guard.		
Printer Description	FL-33607		
(If you have nothing to repo	other sources of income to businesses	rson - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY	OL BODINESS IMPONIT		
	MA		
	1011		
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	
/	A11	located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D INTANCIBLE DEDOCAL PROPERTY			
PART D — INTANGIBLE PERSONAL PROPERTY [Si (If you have nothing to report, write "not	ocks, bonds, certificate	es of deposit, etc See ir	nstructions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WILCH THE PROPERTY RELATES		
- N/A		5 4 5 7 F	WATIGHT THE PROPERTY RELATES
7.		2022 ITAY ST. A	9.16
DART E LIARUITER DA		E J. C LEFF.	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")	SUPERVISOR OF A	TEVELUAS SE CENTER
NAME OF CREDITOR			SS OF CREDITOR
REGIONS BANK	3132 Tampa Rd. Oldsmar, FL-34677 P.O. BOX-25118, Tampa, FL-33622		
BANK OF AMERICA	P. O. Box - 2	C118 Town 40	51 -27/27
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	Ownership or position or "n/a")	ns in certain types of bus	sinesses - See instructions] BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		1	
PRINCIPAL BUSINESS ACTIVITY		110	
POSITION HELD WITH ENTITY		114	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/	- 1	
NATURE OF MY OWNERSHIP INTEREST	/		
PART G — TRAINING For elected municipal officers	appointed school suns	Printendents and commi	20ionare di
	pioto dimadi cillica i	naning pursuant to section	n 112,3142, F.S.
I CERTIFY THAT I	HAVE COMPLE	ETED THE REQU	JIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE			
SIGNATURE OF EUR	D.		Charles the second second
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY	
Signature: Date Signed:		If a certified public according good standing with the she must complete the f	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or ollowing 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.	
MAY-27 - 2022		CPA/Attorney Signature:	
FILING INSTRUCTIONS:		Date Signed:	
f you were mailed the form by the Commission on Ethi Supervisor of Elections for your annual disclosure file	cs or a County Car	ndidates file this form t	ogether with their filing papers.

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.

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.