FORM 1	7	STATEMENT OF			2021		
Please print or type your name, mailing address, agency name, and position belo		FINANCIAL	INTERES	STS [FOR O	FFICE USE ONLY:	
LAST NAME FIRST NAME MID	DLE N/	ME:			-		
Tate, Beth		-			٠		
MAILING ADDRESS :						i.e.	
441 E. Kesley Lane				. (e . 20 (
		-	1		Ý C		
CITY:	7	ZIP: COUNTY:		-	<u> </u>		
Saint Johns	322	259 Saint Joh	ns 👉 🕝		· ~ ~ ~ ~ ~		
NAME OF AGENCY:	-	1 111	^, {,	* 1) >> >>	PH YIS	
NAME OF OFFICE OF POSITION	UELD C	ND COLICUT.	,		m Z		
NAME OF OFFICE OR POSITION Airport Authority, Group 2	HELD C	or sought:				3: 04	
CHECK ONLY IF CANDIDAT	E OF	NEW EMPLOYEE OF	RAPPOINTEE			<u> </u>	
	****	THIS SECTION MUS	ST BE COMPLI	ETED ***	*		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	OR CALENDAR YEA	R ENDING	DECEMBER	31, 2021.	
MANNER OF CALCULATING	c DEI	ODTADI È INTEDESTS.					
FILERS HAVE THE OPTION OF				 DLUTE DOL	LAR VALUES	WHICH REQUIRES	
FEWER CALCULATIONS, OR U	JSING	COMPARATIVE THRESHO	LDS. WHICH ARE U	ISUALLY B	ASED ON PE	RCENTAGE VALUES	
(see instructions for further detail						the pure of the terms	
COMPARATIVE	(PERC	ENTAGE) THRESHOLDS	OR	DOLLAR V	ALUE THRE	SHOLDS ***	
PART A PRIMARY SOURCES OF			the reporting person - S	See instruction	nsį		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Capital One		15000 Capital One Dr.					
Capital Olic		13000 Capital One Dr.	, Ricilliona, VA		ilciai Scivi	ccs -	
						, , ,	
							
						;	
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to	s, and o	ther sources of income to busine	sses owned by the repo	rting person -	See instruction	s]	
						NAME OF STREET	
NAME OF BUSINESS ENTITY		AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRES OF SOUR	CE	i AC	RINCIPAL BUSINESS TIVITY OF SOURCE	
Rental Property			1281 Ribbon Rd., St.	Johns, FL 32		Income	
			,		, ,,,		
		·		1 -			
PART C - REAL PROPERTY [Land (If you have nothing to I			on - See instructions]	. lin		ed to the space on the	
1281 Ribbon Rd., Saint Johns, FL					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
<u> </u>		•	· <u>, </u>	IN thi	STRUCTIONS	on who must file low to fill it out	

PART D — INTANGIBLE PERSONAL PROPERTY [St		s of deposit, etc See ins	tructions]				
(If you have nothing to report, write "non TYPE OF INTANGIBLE	•	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES.				
Stock Fund	STRATEGIC ADVISERS FIDUS TOTAL STOCK (FCTDX)						
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] 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"	" or "n/a")	ns in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	N/A	o Entitit in t					
ADDRESS OF BUSINESS ENTITY			growing the state of the				
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY	·						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		٠,					
NATURE OF MY OWNERSHIP INTEREST							
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to 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: Signature: Beth ate 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: 1,					
		Date Signed:					
FILING INSTRUCTIONS:							
If you were mailed the form by the Commission on Ethics or a County Candidates file this form together with their filing papers.							

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

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.