FORM 1	STATEM	ENT OF	2021		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE SIKES-KLINE NANCY	NAME:			224746	
MAILING ADDRESS :					¢.
15 MIRUELA AVE				2022 ST	o _e
				ತೆ ತೆ∂	TT TO
CITY: ST. AUGUSTINE	ZIP: COUNTY: 32080-3863 ST. JO	HNS		रङ्क क	
NAME OF AGENCY : ST. AUGUSTINE				PM I:	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :				[∞] ₹ 5	
MAYOR & CITY COMMISSION CHECK ONLY IF	OR	APPOINTEE		₩.	
STEER CHELLI CANDIDATE	ON . U NEW EMPLOTEE OR	ALFOINTEE			
**** THIS SECTION <u>MUST</u> BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.					
	SING REPORTING THRESHOLING COMPARATIVE THRESHOLING CHECK THE ONE YOU ARE USERCENTAGE) THRESHOLDS	DS, WHICH ARE USUALL JSING (must check one): OR DOLLA	Y BASE		
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		he reporting person - See instr	uctions]		
NAME OF SOURCE OF INCOME	l l	SOURCE'S DESCRIPTION OF THE SOURCE ADDRESS PRINCIPAL BUSINESS ACTIVITY			
See attached					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME		ADDRESS OF SOURCE	L Company of the Comp		
See attached					
The state of the s					
(If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the spa on this form. Attach add , if necessary.	
See Cettorched			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
		110-110-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1	INSTR this fo	tUCTIONS on who morm and how to fill it	ust file

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks (If you have nothing to report, write "none" of					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
See attached					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" of	or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
noae					
7.00					
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	r "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	none none				
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 superintendents, and commissioners of a community redevelopment					
	nplete 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 FILER	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:				
K	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				
Date Signed:	disclosure herein is true and correct.				
Chelon	CPA/Attorney Signature:				
_9/3/52	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

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. <u>Do not file by both mail and email. Choose only one</u> 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

Attachment to:

Statement of Financial Interest 2021 for Nancy Sikes-Kline

Part A: Primary Source of Income

City of St. Augustine, 75 King St., St. Augustine, FL 32085, government

Estate of Leon R. Sikes, Jr., 601 Bayshore Blvd., Ste. 700, Tampa, FL 33606-2763, trust administration

Nancy Sikes-Kline Family Trust, 15 Miruela Av., St. Augustine, FL 32080, trust administration

Sikes Investment Properties LLC, 15 Miruela Av., St. Augustine, FL 32080, real estate holdings

Inkline Lending LLC, 3125 US1 South, Ste B, St. Augustine, FL 32086, lending services

Harding Loevener Global Equity Inst

AT&T

Pfizer

Chevron

Comcast Corp

Verizon

American Electric Power Co. Inc.

Cisco Systems Inc.

Colgate Palmolive Co.

Merck & Co. Inc.

The City of NE BE 5200

Part B: Secondary Sources of Income:

Inkline LLC, 3125 US1 South, Ste B, St. Augustine, FL 32086, lending services
Center State Development LLC, 4900 Dundee Road, FL, Winter Haven 33884, real estate investment and development

Part C: Real Property

Parcel ID#	<u>Address</u>
242816-000000-031010	Fairway Ave, Lakeland, FL 33801
242816-179500-001010	2150 US Highway 2 E, Lakeland, FL 33801
242815-000000-044040	Combee Road S,Lakeland, FL 33801
242815-179000-000041	Main St E, Lakeland, FL 33801
242815-179000-000011	Combee Rd N, Lakeland, FL 33801

Part D Intangible Personal Property:

Beneficial interest in Nancy Sikes-Kline Family Trust, 15 Miruela Av., St. Augustine, FL 32080, trust administration

Stock, cash, bonds Morgan Stanley, 150 JFK Pkwy, 2nd Floor, Short Hills, NJ 07078 Beneficial interest in estate of Leon R. Sikes, Jr., 601 Bayshore Blvd., Ste. 700,

Tampa, FL 33606-2763, trust administration