FORM 1	· .	STATE	MENT ()F	2021				
Please print or type your name, mailing address, agency name, and position below:	FIN	ANCIAL	INTE	REST\$	FOR OFFICE USE ONLY:				
LAST NAME - FIRST NAME MIDDL OCH ROBERT	E NAME :		, in the second		 _	276362		,	
MAILING ADDRESS :			:	3		· ණ	2		
912 SILVER SPRING CT				s: r		≤=====================================	7022 MAY	O (#)	
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ST. AUGUSTINE	32092-2	447 COUNTY	<i>JOHNS</i>			A DA	31 AM		
NAME OF AGENCY: HERITAGE LANDING CDD						OUNT OUNT	M 9: 06		
NAME OF OFFICE OR POSITION HE	LD OR SOUGH	ग् र:				~	90	co T	
BRD. OF SUPERVISORS/ASST. S						•			
CHECK ONLY IF	OR 🔲 I	NEW EMPLOYEE C	OR APPOINTEE	1		. .			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO		SECTION MU AL INTERESTS F		•		SEMBER 1.	2022 2022 JUI	On Co	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF U FEWER CALCULATIONS, OR US (see instructions for further details)	SING REPOF	RTING THRESHO RATIVE THRESH	LDS THAT ARE OLDS, WHICH	ARE USUA	LY BASE			QUIRES VALUES	
COMPARATIVE (F			· —	7		E THRESHO	ت جنCDS	% 20 00 00	
PART A PRIMARY SOURCES OF IN			o the reporting pe	rson - See ins	tructions]			* N	
NAME OF SOURCE SOURCE'S ADDRESS			-	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
15t choice Plusher 9 Knows House				1 UB	Plumbing				
				-		_			
PART B — SECONDARY SOURCES ([Major customers, clients, a (If you have nothing to re	ind other source		nesses owned by t	he reporting p	erson - See	instructions]	,		
NAME OF BUSINESS ENTITY		AJOR SOURCES IESS' INCOME	_	ADDRESS OF SOURCE			CIPAL BUSINESS TITY OF SOURCE		
					₩.				
		_						,	
						-			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				ions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				
					and w	INSTRUCTION IN THE INSTRUCTION I	nis form	are	
					this fo	UCTIONS on orm and how on page 3.			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non TYPE OF INTANGIBLE		,	•	THE PROPERTY RELATES					
100% steel	1st chose	e Plu	embite	Hornord 1814					
100 10 9100	· COR	<u>, , , , , , , , , , , , , , , , , , , </u>	3	Tronga Car					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-		,	¥4°	•					
NAME OF CREDITOR	ADDRESS OF CREDITOR								
Loan crex c	POBOX 8068 UPBCS UP 23450								
				`					
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") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2									
NAME OF BUSINESS ENTITY		<u> </u>							
ADDRESS OF BUSINESS ENTITY	·								
PRINCIPAL BUSINESS ACTIVITY									
POSITION HELD WITH ENTITY		<u>.</u>		<u> </u>					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	-	,		<u></u>					
NATURE OF MY OWNERSHIP INTEREST		no.		SS. A					
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	complete annual ethic	s training pursua	ant to section 112	.3142, F.S.					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED	N A SEPAR	ATE SHEET P	PLEASE CHECK HERE					
SIGNATURE OF FILER: Signature:			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: I,						
Date Signed: May 31 - 2011 FILING INSTRUCTIONS:			instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: Date Signed:						

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. 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

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.