FORM 1		STATEMENT OF					2021			
Please print or type your name, mailing address, agency name, and position belo	·F]	INANC	CIAL	INTERI	ESTS	FOR OFFICE USE ONLY:				
LAST NAME - FIRST NAME - MID PAPPACENO ELIZABETH	DLE NAME :	·		<u> </u>	i de Circ		266332			
MAILING ADDRESS : 189 CASA SEVILLA AVE	<u> </u>				1 de la constante de la consta		•		-	
							ST V	202,		
ST. AUGUSTINE 32092-4717 COUNTY. JOHNS							A X Ó I NHOL	E1 NOC 3202	TI CO	
NAME OF AGENCY: WORLD COMMERCE COMMUNITY DEVELOPMENT DST							S CO		TO S	
NAME OF OFFICE OR POSITION			K III S T N II O	PM 3:	180					
BRD. OF SUPERVISORS/VICE CHAIRMAN CHECK ONLY IF CANDIDATE OR □ NEW EMPLOYEE OR APPOINTEE							34	25	でが	
CHECK ONLY IF A CANDIDAT	OR	NEW EMP	LOYEE OR	** Ex %			*cas			
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.										
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS										
PART A PRIMARY SOURCES OF (If you have nothing to				the reporting persor	n - See instr	uctions]			*	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS					DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
USOFM	<u> </u>	Washington DE 20415				Retired Fed Englave				
Davidson Beally (10	15) 100	· 67 + c=3 .	سم (8) در	e St. Augus	الماس	Real Estate				
SJ Bond . C Ed.	40	Orang .	St.	K.12	ngail day	Su	bst: fut	e te	icher .	
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 NA		OF MAJOR SOL USINESS' INCO	JRCES	ADDRESS OF SOURCE			PRINCIPAL BUSINESS . ACTIVITY OF SOURCE			
none			=-							
\ /				•						
7					İ					
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				
189 Casa Sevilla	<u> </u>	SI. Aug	٠٠١،٠٠٠	FL 3209	2_	FILING and w	, if necessary. INSTRUCTION Here to file the dat the botto	nis form	are	
					\$		UCTIONS on	-	_	
		-				this fo	rm and how on page 3.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")									
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
Prydential Annaty	TSP (Pension)								
Charles Schuck	Mulan Funds / Ann. to / Stock								
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")									
NAME OF CREDITOR	ADDRESS OF CREDITOR								
Flagator Bank (mortgage)	70 Box 52198 Phoenix AZ 85072								
Wells Farge (Cor long)	Danver	20 8021-							
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									
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		ه د د							
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 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:							
La Payrou	. <u> </u>	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.							
Date Signed: (9 2022		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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.