FORM 1	STATEM	ENT OF	2022			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDDLE	~ 1		_			
MAILING ADDRESS:	1)a le					
6 NE 24th St			~			
dazy Wilton Ma	ZIP: COUNTY:	Broward				
NAME OF AGENCY: Village of Lazy	Lake					
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT :					
	OR NEW EMPLOYEE OF	APPOINTEE				
**** THIS SECTION MUST BE COMPLETED ****						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	R FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENDIN	G DECEMBER 31, 2022.			
MANNER OF CALCULATING R			OLLAR VALUES WILLOUDEOURES			
FEWER CALCULATIONS, OR USIN	G COMPARATIVE THRESHO	LDS, WHICH ARE USUALLY	OLLAR VALUES, WHICH REQUIRES BASED ON PERCENTAGE VALUES			
(see instructions for further details).	CHECK THE ONE YOU ARE I		VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INC						
(If you have nothing to repo		and repeating personnel				
NAME OF SOURCE OF INCOME	SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY					
Broward County	115 S. Andrews Ave, F. Layleride 37701 County Administralin					
/		+	/			
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	ADDRESS	PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE			
None						
PART C REAL PROPERTY [Land, bu (If you have nothing to repo			You are not limited to the space on the lines on this form. Attach additional			
971. 6 C/A 1 E/ 32 00/			sheets, if necessary. FILING INSTRUCTIONS for when and where to file this form are			
85 Andora St., St. Augustine, FL 32086 85 Andora St., St. Augustine, FL 32086			located at the bottom of page 2.			
24/ 10000 Cl SI Man of 32 000			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none		of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Bank Account	Bank of America				
2/01/	Fidelit				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
None		SE-W-1			
0					
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	n/4		n/4		
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 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					
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:			
Carter Hugg		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: 1 /17/23		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 filling, 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.