FORM 1	STATEM	ENT OF	96 1 s	2022		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	Carlot and the second		(FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDDLE NAME: 2023 UG 18 AM 10: 52						
DINGLE TAYLO	2 JACK					
MAILING ADDRESS:	На применя					
347 18TH PLACE						
CITY:	ZIP: COUNTY:					
VERO BEACH	32960 INDIAN	V RIVER				
NAME OF AGENCY:						
NAME OF OFFICE OR POSITION HI	ELD OR SOUGHT:					
COUNCIL MEMBER OF	THE CITY OF VERO	BEACH, FL				
CHECK ONLY IF (2) CANDIDATE	OR NEW EMPLOYEE OF	APPOINTEE				
		\$ 500 May 1990 And 19	2222			
**** THIS SECTION <u>MUST</u> BE COMPLETED ****						
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.						
e a security are a security security and a security of the security securit	~~~	er o a mer samane sames for a lamb for from the grand fil	mana de magembe	accesses and address of the same and appropriate species by		
MANNER OF CALCULATING	REPORTABLE INTERESTS:					
FILERS HAVE THE OPTION OF						
FEWER CALCULATIONS, OR US (see instructions for further details		•		ON PERCENTAGE VALUES		
* James County				e tuncollol do		
COMPARATIVE	PERCENTAGE) THRESHOLDS	OR DOLL	AK VALU	E THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF SOURCE OF INCOME	,	SOURCE'S ADDRESS		SCRIPTION OF THE SOURCES RINCIPAL BUSINESS ACTIVITY		
JOHN ISLAND CLUB	INDIAN RIVER		GOL			
JOHN ISEAND COUR	THOMAN KIVER	32963	000	to [
		72703				
	**************************************			entransportunisti protesta sun		
)			
PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]						
•	eport, write "none" or "n/a")					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS I OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A	OF DOUBLOOD BY OUR	J. SOURCE		ASTATION GOGIOC		
***************************************	TO BANK TO COME TO A CONTROL OF THE			and a second distribution of the second and the second second contract of the second and a second contract of the second and a second contract of the second and a second contract of the second contract of t		
			on your property of the second			
ploy a grai basement with	3. M. A	1				
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the space on the on this form. Attach additional s, if necessary.		
N/A				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
				UCTIONS on who must file		
			this f	orm and how to fill it out		

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					
NIA						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR .	ADDRESS OF CREDITOR					
US DEPARTMENT OF	US GOVERNMENT					
EDUCATION						
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 NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY	NIA					
PRINCIPAL BUSINESS ACTIVITY	NIA					
POSITION HELD WITH ENTITY	NIA					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A					
NATURE OF MY OWNERSHIP INTEREST	N/A					
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 Signature:	R:	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, prepared the CE				
Date Signed:		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. CPA/Attorney Signature:				
AUGUST 18, 2023	illerani, je tropinen en jelotinen en tropinen sammannen je verken sammannen.	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 narers						

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. <u>Do not file by both mail and email. Choose only one filing method.</u> 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 not relieve the filer of filing a CE Form 1 If the filer was in his or her position on December 31, 2022.