FORM 1

STATEMENT OF

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Please print or type your name, mailing address, agency name, and position below	ν: Ι΄ Ι ΄.	NANCIA	L INTERES	STS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID	DLE NAME :				
Doody, Donald J					
MAILING ADDRESS : 3099 E Commercial Blvd Su	ita 200				
2099 E Commercial Divu Su	ne 200				
CITY:	ZIP:	COUNTY			
Fort Lauderdale NAME OF AGENCY:	33308	Browat	·d		
Hillsboro Beach, Sea Ranch	Lakes, Oal	tlake			
NAME OF OFFICE OR POSITION I					
Goren, Cherof, Doody & Ezi	ol, P.A (City Attorney			
CHECK ONLY IF 🔲 CANDIDATE	OR 🗆	NEW EMPLOYEE	OR APPOINTEE		
11	**** THIS	SECTION MI	JST BE COMPLI	ETED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	OUR FINAN	ICIAL INTERESTS	FOR CALENDAR YEA	AR ENDING D	ECEMBER 31, 2022.
	USING REP	ORTING THRESHO ARATIVE THRESH	OLDS THAT ARE ABSO OLDS, WHICH ARE U	JSUALLY BAS	AR VALUES, WHICH REQUIRES BED ON PERCENTAGE VALUES
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PART A PRIMARY SOURCES OF	INCOME (Mai	or sources of income	to the remodles acres. C	Roo Instructions	1
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(If you have nothing to re	port, write "n	one" or "n/a")			
(If you have nothing to re NAME OF SOURCE OF INCOME	pport, write "n	one" or "n/a") S	OURCE'S DDRESS	ı t	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
(If you have nothing to re	eport, write "n	one" or "n/a") S	OURCE'S	"	DESCRIPTION OF THE SOURCE'S
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(If you have nothing to re NAME OF SOURCE OF INCOME Goren, Cherof, Doody & Ezi PART B SECONDARY SOURCES [Major customers, clients,	ol, P. Fort OF INCOME and other sour eport, write "r	cone" or "n/a") S A Lauderdale FL rees of income to busin	OURCE'S DDRESS	Sharel Sharel orting person - So	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY holder
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PART B SECONDARY SOURCE [Major customers, clients, (If you have nothing to a NAME OF BUSINESS ENTITY Hillsboro Beach Oakland Park	OF INCOME and other sour report, write "r NAME OF OF BUS	cone" or "n/a") S A Lauderdale FL Ces of income to busin none" or "n/a") MAJOR SOURCES SINESS' INCOME	OURCE'S DDRESS Desses owned by the report ADDRES OF SOUR Hillsboro Beach Oakland Park FI Sea Ranch Lakes, F	Share Share Ting person - Section FL You a lines	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY holder ee instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE Town Attorney City Attorney
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re NAME OF BUSINESS ENTITY] Hillsboro Beach Oakland Park Sea Ranch Lakes PART C REAL PROPERTY [Land,	OF INCOME and other sour report, write "r NAME OF OF BUS	cone" or "n/a") S A Lauderdale FL Ces of income to busin none" or "n/a") MAJOR SOURCES SINESS' INCOME	OURCE'S DDRESS Desses owned by the report ADDRES OF SOUR Hillsboro Beach Oakland Park FI Sea Ranch Lakes, F	Share Share Interpretation of the state of	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY holder Town Attorney City Attorney Village Attorney are not limited to the space on the on this form. Attach additional

(If you have nothing to report, write "nor	·					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Money Market	Centennial Bank/ Northern Trust					
401K / IRA	ABA and USB					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Susan Bulfin	Sea Ranch Lakes, FL					
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	[Ownership or positions in certain types of businesses - See instructions] " or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY	N/A					
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						
agency created under Part III, Chapter 163 required to	c, appointed school superintendents, and commissioners of a community redevelopment 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 ARI	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
Signature: Signature: June 2, 2022	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,					
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 filling 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.