FORM 1	STATEMENT 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	NAME :				
Volkert Charks A	tdam				
34 Seneca Rd					
CITY	ZIP : COUNTY :				
Sey Ranch Lakes	33308 Brou	vard			
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HELI	D OR SOUGHT :				
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE			
	** THIS SECTION MUS	T BE COMPLETED) ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FOR	R CALENDAR YEAR END		CEMBER 31, 2022.	
MANNER OF CALCULATING R	EPORTABLE INTERESTS:				
FILERS HAVE THE OPTION OF US	ING REPORTING THRESHOLD				
FEWER CALCULATIONS, OR USIN (see instructions for further details).				D ON PERCENTAGE VALUES	
COMPARATIVE (PE	RCENTAGE) THRESHOLDS		AR VALL	JE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		e reporting person - See inst	ructions]		
NAME OF SOURCE	SOURCE'S		DESCRIPTION OF THE SOURCE'S		
OF INCOME		RESS	PRINCIPAL BUSINESS ACTIVITY		
Protiviti	200 E Drowy id Bl	200 E BrongidBlud Ftlaulele, FU33501		a Dusiness Congulture	
PART B - SECONDARY SOURCES OF	INCOME	an our of hu the repeting as	man Cas	instructional	
(If you have nothing to repo		ies owned by the reporting pe	15011 - 366	Instructions	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None					
PART C - REAL PROPERTY [Land, bui (If you have nothing to report	Idings owned by the reporting person	- See instructions]		e not limited to the space on the	
None	, while hole of heat			n this form. Attach additional , if necessary.	
				INSTRUCTIONS for when here to file this form are	
				d at the bottom of page 2.	
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
STOCK-Merrill End /Fideldes Re Citi Bonk Per	sonal Survines & I weekent			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None				
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				
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.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE			
Signature: Date Signed: June 29, 2023	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.	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.			
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. <u>Do not email your form to the Commission on Ethics, it will be returned</u> .	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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. <i>Candidates</i> must file at the same time they file their qualifying			
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	papers. <i>Thereafter</i> , file by July 1 following each calendar year in which they hold their positions.			
32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200,	Thereafter, file by July 1 following each calendar year in which they			