| FORM 1 | | STATEMENT O | F | | 2022 |
|---|-------------------------|---|---|--|---|
| Please print or type your name, mailing address, agency name, and position below: |] | FINANCIAL INTER | ESTS | | FOR OFFICE USE ONLY: |
| LAST NAME FIRST NAME MIDDLI KUCZENSKI, DAVID SCOT | | E: | | _ | |
| MAILING ADDRESS : 6411 HOLATEE TRAIL | | | | | |
| | ZIF | county: | _ | | |
| SOUTHWEST RANCHES NAME OF AGENCY: | 333 | · | | | |
| TOWN OF SOUTHWEST RA | | | | | |
| NAME OF OFFICE OR POSITION HE COUNCIL MEMBER | LD OF | SOUGHT: | | | |
| CHECK ONLY IF | OR | ■ NEW EMPLOYEE OR APPOINTEE | | | , |
| DISCLOSURE PERIOD. | | THIS SECTION MUST BE CONTINUED IN THE CONTINUED INTERESTS FOR CALENDAR | | | EMBER 31, 2022. |
| FEWER CALCULATIONS, OR US (see instructions for further details | ISING ING (). CH | ORTABLE INTERESTS: REPORTING THRESHOLDS THAT ARE COMPARATIVE THRESHOLDS, WHICH A ECK THE ONE YOU ARE USING (must ENTAGE) THRESHOLDS OR | check one): | LY BASEL | VALUES, WHICH REQUIRES ON PERCENTAGE VALUES E THRESHOLDS |
| PART A PRIMARY SOURCES OF I | NCOM port, w | E [Major sources of income to the reporting per | rson - See inst | ructions] | |
| NAME OF SOURCE OF INCOME | | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| PAUL K SCHRIER, PLLC | | 11098 BISCAYNE BLVD, SUITE 208 | | LEGAL SERVICES | |
| DAVID KUCZENSKI, ESQ, | PA | 11098 BISCAYNE BLVD, SUIT | E 208 | LEGAL | SERVICES |
| | | | | | |
| PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to r | and ot eport, NA | ner sources of income to businesses owned by the write "none" or "n/a") ME OF MAJOR SOURCES | ADDRESS | erson - See | instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| BUSINESS ENTITY | _ | OF BUSINESS' INCOME O | F SOURCE | | ACTIVITY OF GOORGE |
| NONE | | | *** *** *** *** *** *** *** *** *** ** | <u>-</u> | |
| | | | | | · |
| 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. | |
| ONLY PRIMARY RESIDENCE | | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | |
| | | | <u>.</u> | this f | RUCTIONS on who must file orm and how to fill It out on page 3. |

| Fidelity Investments, 900 Salem, Strong 1 Raffles Quay, #25-01 Singapore 04 signary or 1111 5. Figueroa ADDRESS | eet, Smithfield, RI 02917 18583 Shret, Los Argelis, CA 90015 | | | | |
|--|---|--|--|--|--|
| Fidelity Investments, 900 Salem, Strong 1 Raffles Quay, #25-01 Singapore 04 s] or 111 5. Figueroa ADDRESS | eet, Smithfield, RI 02917 18583 Stret, Los Argeles, CA 90005 | | | | |
| 1 Raffles Quay, #25-01 Singapore 04 si or III 5. Figueroa e" or "n/a") ADDRESS | 18583 Stret, los Angeles, CA 90005 | | | | |
| or III 5. Figueroa e" or "n/a") ADDRESS | Stret, los Angeles, CA 90015 | | | | |
| or III 5. Figueroa e" or "n/a") ADDRESS | Stret, los Angeles, CA 90015 | | | | |
| | | | | | |
| 1 T DI-1MC 5 251 | ADDRESS OF CREDITOR | | | | |
| 4425 Ponce de Leon Blvd MS 5-251 Coarl Gables, FL 33146 | | | | | |
| | | | | | |
| [Ownership or positions in certain types of business entity # 1 None | BUSINESS ENTITY # 2 ssioners of a community redevelopment in 112.3142, F.S. | | | | |
| | | | | | |
| IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ONLY | | | | | |
| If a certified public according good standing with the she must complete the l, Form 1 in accordance instructions to the form disclosure herein is true. | 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 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: Date Signed: | | | | |
| | None None None None None None None None | | | | |

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.