FORM 1	STATEM	TENT 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 Colbourne, Yvette MAILING ADDRESS: 9661 Millpond Drive	NAME:		0FFICE 2023 Ji	
			NEC T	
NAME OF AGENCY: City of Miramar	ZIP: COUNTY: 33025 Broward		HE CITY CLERN	
NAME OF OFFICE OR POSITION HELI Commissioner	O OR SOUGHT :			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US	EPORTABLE INTERESTS: ING REPORTING THRESHOL IG COMPARATIVE THRESHO	DR CALENDAR YEAR EN DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL	IDING DECEMBER 31, 2022. E DOLLAR VALUES, WHICH REQUIRES LLY BASED ON PERCENTAGE VALUES	
☑ COMPARATIVE (PE	RCENTAGE) THRESHOLDS	<u>or</u> 🗆 doll	LAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo		the reporting person - See ins	structions]	
NAME OF SOURCE OF INCOME	1	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
State of Florida	P.O Box 3090 Tallaha	ware citation		
City of Miramar	2300 Civic Center Pl. Miramar 33025		Government	
		Park annue de l'Arte de Leure de l'Arte de Leure		
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	fother sources of income to business	sses owned by the reporting p	person - See 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, but (If you have nothing to report		n - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
809 NE 199th Street # 101 Miami, Fl. 33179			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (St (If you have nothing to report, write "nor	tocks, bonds, certificates of deposit, etc See instructions] ne" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	•		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/A			
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			
ADDRESS OF BUSINESS ENTITY	NONE		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	;		
NATURE OF MY OWNERSHIP INTEREST			
	s, 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 ARE	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILE	R: CPA or ATTORNEY SIGNATURE ONLY		
Signature:	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		
Motto (a Contraction Date Signed:	dississant ristant to due and contact.		
7/3/2023	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 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.