FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME – FIRST NAME – MIDDLE N Allen Elizabet			_	
MAILING ADDRESS: 1463 El Conte Drive				
e salah sala				OSC SOE MAY18'2012:45
Champions Gate 3	ZIP: COUNTY: 3896 Osceola			
NAME OF AGENCY: Champions Gate Community De			OSC SOE JUN3'2011:18	
NAME OF OFFICE OR POSITION HELD Seat #1 - CDD Board	OR SOUGHT :			
CHECK ONLY IF  CANDIDATE C	R NEW EMPLOYEE OF	RAPPOINTEE		*
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR  MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF USING (see instructions for further details).	PORTABLE INTERESTS: NG REPORTING THRESHOLE COMPARATIVE THRESHOLE CHECK THE ONE YOU ARE	OR CALENDAR YEAR EN : : :DS THAT ARE ABSOLUTE : :DDS, WHICH ARE USUAL USING (must check one)	DING DEC E DOLLAF LLY BASE	R VALUES, WHICH REQUIRES D ON PERCENTAGE VALUES
PART A PRIMARY SOURCES OF INCO	CENTAGE) THRESHOLDS  ME [Maior sources of income to	<u> </u>		IE THRESHOLDS
(If you have nothing to report	, write "none" or "n/a")			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
NH State Retirement System 54 Regional Drive, Concord, NH 033		oncord, NH 03301	Retiren	nent Fund - State Agency
	+			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to busine	esses owned by the reporting po	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A				
PART C REAL PROPERTY [Land, build (If you have nothing to report 1463 El Conte Drive, Champion	lings owned by the reporting person write "none" or "n/a") s Gate, FL 33896	on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			this fo	UCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sti		of deposit, etc See ins	tructions]		
TYPE OF INTANGIBLE	E		HICH THE PROPERTY RELATES		
IRA	Charter Trust Company, Concord, NH				
Bank Accounts	TD Bank				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
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 required to complete ar  I CERTIFY THAT I					
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER: Signature:  Wysbeth Aller  Date Signed:  5/12/2020		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:			
FILING INSTRUCTIONS:			and the second of the second second		

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 filing 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, 2019.