FORM 1	<b>STATEM</b>	ENT OF	2021		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONL	_Y:	
LAST NAME FIRST NAME MIDDL					
Gosdin Mark Alan					
3131 Riachuelo LN			OSC SOE JUN13'2215:20		
2379 3.5. 4			grand the state of		
CITY: ZIP: COUNTY:  Kissimmee 34744 Osceda					
Villa Sol Com	Musiz Devolopment	A Pistrut			
Supervisor, Sent 5					
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
**** THIS SECTION MUST BE COMPLETED ****					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.					
MANNER OF CALCULATING REPORTABLE INTERESTS:  FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]					
(If you have nothing to report, write "none" or "n/a")  NAME OF SOURCE  I  SOURCE'S  I  DESCRIPTION OF THE SOURCE			E'S		
OF INCOME	ADDRESS		PRINCIPAL BUSINESS ACTIVITY		
Anixty Inc. General Patriot brod Wholesale Flactical Dist			ist.		
			ACASI 1		
(If you have nothing to rep NAME OF	nd other sources of income to busines bort, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINES		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURC		
			You are not limited to the space or lines on this form. Attach addition sheets, if necessary.		
			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 [Stoc (If you have nothing to report, write "none"			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
PART E — LIABILITIES [Major debts - See instructions]			
(If you have nothing to report, write "none"	" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
LAKEVIEW LOAN Servicing,	P.O. Box 8068		
LLC	Virginia Beach, VA 23450		
(If you have nothing to report, write "none" o	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			
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 co	appointed school superintendents, and commissioners of a community redevelopment omplete annual ethics training pursuant to section 112.3142, F.S.  HAVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER	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:		
Mark A. Dordin	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.		
Date Signed:	CPA/Attorney Signature:		
6/2/2022	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 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.