FORM 1				2021
FORM 1		IENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	0			
Knothe Alici	a Ann		050 9	OE APR20'2215:32
	Trace Drive			
CITY: OL OL	ZIP : COUNTY :			
CITY: St. Cloud ZIP: COUNTY: OSCOLA				
NAME OF AGENCY :	I D. I	Did . +		
STEVENS Flantation Lan	IMUNITY Development	T LISTRICI		
Assista				
	OR NEW EMPLOYEE OF	RAPPOINTEE		
	~			
DISCLOSURE PERIOD:	*** THIS SECTION MU	ST BE COMPLETED) ****	
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS F	OR CALENDAR YEAR END	DING DE	CEMBER 31, 2021.
MANNER OF CALCULATING F	REPORTABLE INTERESTS			
FILERS HAVE THE OPTION OF US	SING REPORTING THRESHOL	DS THAT ARE ABSOLUTE	DOLLA	R VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR USI (see instructions for further details).	CHECK THE ONE YOU ARE	USING (must check one):	LY BASE	ED ON PERCENTAGE VALUES
	ERCENTAGE) THRESHOLDS	OR DOLL	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to repo	COME [Major sources of income to	the reporting person - See inst	ructions]	
NAME OF SOURCE		URCE'S	D	
OF INCOME	AD	DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Ackley Property Management 22 W. Monument Ave · Kiss FL. 34741- Rental Prop				
Social Security Admin. Dept. of Treasury PO BO			20	1 0
·	Philadelph	nia PA. 19113	Soci	alSocurity
				/
PART B SECONDARY SOURCES OF [Major customers, clients, an (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting pe	rson - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
	12 - 13 1			
PART C - REAL PROPERTY II and but	ildings owned by the repetitor server			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
3521 Pawleys Loop South . St. Cloud, FL 347			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.	
CE EODM 1. Effective: lower 1 2022			begin	on page 3.

Incorporated by reference in Rule 34-8.202(1), F.A.C.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a")	ates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NIA				
		-		
PART E — LIABILITIES [Major debts - See instructions]				
(If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NIA				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or posi	tions in certain types of businesses - See instructions]			
(If you have nothing to report, write "none" or "n/a") BUSIN	ESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	ALA			
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				
agency created under Part III, Chapter 163 required to complete annual eth				
I CERTIFY THAT I HAVE COMI	PLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature:	If a certified public accountant licensed under Chapter 473, or attorn			
Signature.	in good standing with the Florida Bar prepared this form for you, he she must complete the following statement:	or		
M. A. L. H.	I,, prepared the			
_ Wicia Umnthothe	Form 1 in accordance with Section 112.3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief,			
Date Signed:	disclosure herein is true and correct.			
	CPA/Attorney Signature:			
April 11, 2022	Date Signed:			
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Ethics or a County	Candidates file this form together with their filing papers.			
Supervisor of Elections for your annual disclosure filing, return the	MULTIPLE FILING UNNECESSARY: A candidate who files a Fo	m		
form to that location. To determine what category your position falls under, see page 3 of instructions.	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	WHEN TO FILE: Initially, each local officer/employee, state offic	er,		
permanently reside in Florida, file with the Supervisor of the county	and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment	the ent.		
where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your	Appointees who must be confirmed by the Senate must file prior confirmation, even if that is less than 30 days from the date of th	r to		
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	appointment.	en		
returned.	Candidates must file at the same time they file their qualifying papers.	ing		
State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail,	Thereafter , file by July 1 following each calendar year in which the	AV		

There, 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.

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, 2021.

CE FORM 1 - Effective: January 1, 2022. Incorporated by reference in Rule 34-8.202(1), F.A.C.