FORM 1	STAT	EMENT OF	2021	
Please print or type your name, ma address, agency name, and positio	iling FINANCIA	AL INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME -	- MIDDLE NAME :			
MAILING ADDRESS :	alyn		OSC SOE JUN16'2212:53	
3103 Duxt	May De	figure of the state of	see e ad to very by	
1/1 -1'	my v.	water the same and the same and the		
Kissimmee	FL. 34746	Osceola		
CONCACYO	ZIP: COUN	TY:		
NAME OF AGENCY:	ESTATES C	300		
Seat 2	3000	and the state of t		
NAME OF OFFICE OR POSITI	ON HELD OR SOUGHT:			
OUTON OWNER TO	to the same of the	and the second s		
CHECK ONLY IF CANDI	DATE OR NEW EMPLOYE	E OR APPOINTEE		
	**** THIS SECTION N	MUST BE COMPLETED	****	
DISCLOSURE PERIOD:				
	TS YOUR FINANCIAL INTERESTS		ING DECEMBER 31, 2021.	
MANNER OF CALCULAT	TING REPORTABLE INTERES	TS:		
	IN COUNT CONTACTOR LINES	HOLDS WHICH VDE HOLDS	DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES	
(ese mes deserte for fartifici d	etails). CHECK THE ONE YOU A	RE USING (must check one):	. BROLD ON PERCENTAGE VALUES	
	VE (PERCENTAGE) THRESHOLD		R VALUE THRESHOLDS	
PART A PRIMARY SOURCES (If you have nothing	OF INCOME [Major sources of income to report, write "none" or "n/a")	e to the reporting person - See instru	uctions]	
NAME OF SOURCE	mate province of the decision of the g	SOURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
OF INCOME	The state of the s	ADDRESS		
Coleona Col	MY 817 Bill	Beck Blud.	education	
20001 DIST	. Kissimme	e, FL. 34744.		
			15 ag 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1	
DAPT P SECONDARY COUR				
PART B SECONDARY SOUR [Major customers, clie	ents, and other sources of income to bus	inesses owned by the reporting perso	on - See instructions	
NAME OF	in report, write none of that		on occ manachons	
BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS	
reaction and the microscopic allocation		()	ACTIVITY OF SOURCE	
A A A A A A A A A A A A A A A A A A A	NA	HIGH	X NA	
MIL	DIT	to the second se	10 ()	
PART C REAL PROPERTY [La	nd, buildings owned by the reporting per	rson - See instructional		
(If you have nothing to	그리는 그는 그는 그들에게 되는 것 같아. 그 경우를 하게 하는 것이 없는데 그 없어지는데 그렇게 다니다.	You are not limited to the space on the lines on this form. Attach additional		
Man control of the co	1 59684 581	sheets, if necessary.		
The state of the s	The same and the s	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		
	τ			
CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A	.C. (Continue	d on reverse side)	pegin on page 3.	

PAGE 1

PART D — INTANGIBLE PERSONAL PROPERTY [Std	oka banda aadifia	the of density of a Const				
(If you have nothing to report, write "non	e" or "n/a")	ites of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
MA	NA					
		N (1)				
PART E — LIABILITIES [Major debts - See instruction:	o1					
(If you have nothing to report, write "non-	e" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Wind Fin.	Wings	Financia	No	mphis TA		
J		10000	1012	114110 1 11		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	or "n/a")	ions in certain types of bus		ons] SS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY				<u> </u>		
POSITION HELD WITH ENTITY	0/10			#		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	4/14		N	V		
NATURE OF MY OWNERSHIP INTEREST	10 11					
				2.3		
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to 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	CONTINUED (ON A SEPARATE SHE	ET. PLEASE CHEC	CK HERE		
SIGNATURE OF FILER: CPA or ATTORNEY SIGNATURE ON						
Signature:	If a certified public according good standing with the	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:				
Date Signed:	instructions to the form.	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	CPA/Attorney Signature:				
6/10/2021	Date Signed:	Date Signed:				
FILING INSTRUCTIONS:		Service of the servic				

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, 2021.