FORM 1	STATEME	NT OF	2021
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL II	NTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE BOWDEN MICH MAILING ADDRESS:	elle LYNN		
4429 Bluff	OAK LOOP	The street of all the	
Kissimmee,		/A	OSC SOE JUN16'2214:57
CITY:	ZIP: COUNTY:	Spanisky i kalendaria	
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION HELD	- 17		
CHECK ONLY IF 🗵 CANDIDATE	OR NEW EMPLOYEE OR AP	POINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	*** THIS SECTION MUST UR FINANCIAL INTERESTS FOR		
FEWER CALCULATIONS, OR USII (see instructions for further details). COMPARATIVE (PI	SING REPORTING THRESHOLDS NG COMPARATIVE THRESHOLDS CHECK THE ONE YOU ARE USI ERCENTAGE) THRESHOLDS	S, WHICH ARE USUAL NG (must check one) DR DOLL	AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF IN-		reporting person - See ins	tructions]
NAME OF SOURCE OF INCOME	SOURC ADDRE		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
USC CONSUlting	3000 Rayport Drive	TAMPA, FC	Biz Process Consulting
I Serv Co	5222 33rd St, Grand		It Services Provider
Ka T LeAdd	J691 ALSMAOI	416 Dr, Overdo, A	CONSUlting-marketing
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	nd other sources of income to businesses	owned by the reporting pe	erson - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BOOK STATE OF STATE OF STATE OF			
Ald Strikkum (Au acess)	AND STATE OF THE S		
PART C REAL PROPERTY [Land, but	ort, write "none" or "n/a")	See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
	politica y		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
	Mila on white beautiful and the		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(If you have nothing to report, write "none" or "n/s		
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/s	a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR	
	CISE MARRE JATAR DECEMBER	
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownersh	nip 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	
ADDRESS OF BUSINESS ENTITY	DURTOAKS COD - SPIX3	
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 complete I CERTIFY THAT I HAVE	ed school superintendents, and commissioners of a community redevelopment annual ethics training pursuant to section 112.3142, F.S. COMPLETED THE REQUIRED TRAINING. TINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY	
Signature: Mille Barlan Date Signed: June 5, 2000	If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement: I,, prepared the Complete the following statement: I,, prepared the Complete the 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:	
FILING INSTRUCTIONS:	Date Signed:	

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.