| FORM 1 | STATEMENT OF | 2021 | | |
|--|---|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INTERES | FOR OFFICE USE ONLY: | | |
| LAST NAME FIRST NAME MIDDL SCAWATA, D | ENAME: | OSC SOE JUN17'2210:50 | | |
| MAILING ADDRESS: 282 INDIAN POI | NT CIRCLE | Control of the contro | | |
| | | | | |
| CITY: FISSIMMER 3 NAME OF AGENCY: | ZIP: COUNTY: 4746 BSCEDCA | | | |
| INDIAN POINT | COMMON PACITIKES DISTRI | et | | |
| NAME OF OFFICE OR POSITION HE SUPERVISO | | | | |
| ~1 | OR NEW EMPLOYEE OR APPOINTEE | | | |
| **** THIS SECTION MUST BE COMPLETED **** | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO | OUR FINANCIAL INTERESTS FOR CALENDAR YEA | AR ENDING DECEMBER 31, 2021. | | |
| FEWER CALCULATIONS, OR USI (see instructions for further details) | REPORTABLE INTERESTS: SING REPORTING THRESHOLDS THAT ARE ABS NG COMPARATIVE THRESHOLDS, WHICH ARE CHECK THE ONE YOU ARE USING (must chec ERCENTAGE) THRESHOLDS OR | JSUALLY BASED ON PERCENTAGE VALUES | | |
| PART A PRIMARY SOURCES OF IN (If you have nothing to rep | COME [Major sources of income to the reporting person - ort, write "none" or "n/a") | See instructions] | | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | |
| WDW | POBOY 10000, LBV, F13 | 2830 TOURISM | | |
| | | | | |
| | | | | |
| PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep | F INCOME nd other sources of income to businesses owned by the report, write "none" or "n/a") | orting person - See instructions] | | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME OF SOU | | | |
| namin was explicitly to the second of the se | | en vintskamen. geden me | | |
| of Grass batters as a place beauti | | | | |
| PART C REAL PROPERTY [Land, but (If you have nothing to report | uildings owned by the reporting person - See instructions] ort, write "none" or "n/a") | You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. | | |
| N/A | | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. | | |
| | TI | INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. | | |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stock (If you have nothing to report, write "none | | ctions] | | |
|---|--|--|--|--|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHI | CH THE PROPERTY RELATES | | |
| A / | 10 | | | |
| | 1 1 | | | |
| PART E LIARUITES Majordata Conjustantino | | | | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| MIBUANS MORTGAGE | Do But 768(1) O DinAdmin Coursell | | | |
| MINECHIC PROPRIETO | 101-120000000000 | 4317 | | |
| | | 10126 | | |
| 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 | , | <u> 1 Augustus – Ludgerski de Joseph (f. 1870)</u> | | |
| DRESS OF BUSINESS ENTITY | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | |
| POSITION HELD WITH ENTITY | | Brown of Market Williams of the Williams of the Control of the Con | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | Server a la financia de la companya | | |
| PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to co | omplete 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 SHEET, PLEASE CHECK HERE | | | | |
| SIGNATURE OF FILE | R: CPA or ATTOR | RNEY SIGNATURE ONLY | | |
| Signature: | If a certified public accoun in good standing with the l | 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: | | |
| | | , prepared the CE n Section 112.3145, Florida Statutes, and the pon my reasonable knowledge and belief, the nd correct. | | |
| Date Signed: | CPA/Attorney Signature: | | | |
| 6-15-22 | and the second s | | | |
| | 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 <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.