

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Anderson Scott

FOR OFFICE USE ONLY:

MAILING ADDRESS :

26 W Mcker # 25

Ocoee, FL 34761

CITY: ZIP: COUNTY:

West Orange Airport Auth

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

ID Code

ID No.

Conf. Code

P. Req. Code

2009 AUG 23 P 2: 31

\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

[ ] DECEMBER 31, 2009 OR [ ] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

[ ] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [X] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes handwritten entry: EL Alpha, 10 South Cumberland, Ocoee, FL 34761, Sales.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

Table with 2 columns: Address, Location. Includes handwritten entries: 510 Orange Ave Ocoee FL 34761, 815 E Silver Star Ocoee FL 34761, 130 Lafayette Ocoee FL 34761.

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.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]  
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Dear with IRS

**PART E — LIABILITIES** [Major debts]  
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Sunbank	10331 W Hwy 50 Ocoee FL 34761

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]  
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	E L ALPHA		
ADDRESS OF BUSINESS ENTITY	10 South Cumberland		
PRINCIPAL BUSINESS ACTIVITY	Ocoee, FL 34761	Prod Sales	
POSITION HELD WITH ENTITY	owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	owner		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): *Scott Anderson*

DATE SIGNED (required): 8/23/10

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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**WHERE TO FILE:**

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**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

Scott Anderson 20283  
Ocoee  
130 Lafayette Street  
Ocoee, FL 34761

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

BILL COWLES  
SUPERVISOR OF ELECTIONS  
OF ORANGE COUNTY, FL  
2009 JUN 29 A 10:11

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Deo West Orange Airport Auth. of Ocoee City & Comm

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*

DISCLOSURE PERIOD:

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DECEMBER 31, 2008 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

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COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
EL Alpha	110 Westmckey Ocoee, FL 34761	Sales

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

510 Orange Ave	Ocoee, FL 34761
815 E. Silure St.	Ocoee, FL 34761
130 Lafayette	Ocoee, FL 34761

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OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]  
TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

IRA

Dana White/M5

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Sow Bank

1033r Wharf 50 Ocoee, FL 34764

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	E. L. A. Phair		
ADDRESS OF BUSINESS ENTITY	110 W. McKay, Ocoee, FL 34764		
PRINCIPAL BUSINESS ACTIVITY	Prod Sales		
POSITION HELD WITH ENTITY	OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	OWNER		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

6/10/09

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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Facsimiles will not be accepted.

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

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**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

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**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Please print or type your name, mailing address, agency name, and position below:

**FINANCIAL INTERESTS**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Anderson, Scott 217303

MAIL Board Member

West Orange Airport Authority

150 N Lakeshore Dr

Ocoee, FL 34761

CITY

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

BILL COMBES  
 SUPERVISOR OF ELECTIONS  
 2009 JUN 30 A 10:52

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

**DISCLOSURE PERIOD:**

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DECEMBER 31, 2007 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

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COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ELAIPne	110 west mckey, ocoee, FL 34761	SALES

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

510 ORANGE Ave	Ocoee	FL	34761
815 E Silver Star	Ocoee	FL	34761
130 LA Fayette	Ocoee	FL	34761

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**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

IRA

DEAN WITNER / MORGAN STANLEY

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

SUN BANK

10331 W Hwy 50, Ocoee, FL 34761

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

EL ALPHA

ADDRESS OF BUSINESS ENTITY

110 W MCKEY, OCOEE, FL 34761

PRINCIPAL BUSINESS ACTIVITY

Prod. Sales

POSITION HELD WITH ENTITY

OWNER

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

YES

NATURE OF MY OWNERSHIP INTEREST

OWNER

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

*[Handwritten Signature]*

DATE SIGNED (required):

6-1-08

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Please print or type your name, mailing address, agency name, and position below:

**FINANCIAL INTERESTS**

2007 JUN 30 A 10:52  
BILL COMBES  
SUPERVISOR OF ELECTIONS  
OFFICE OF STATE ELECTORAL ADMINISTRATION

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Anderson, Scott 20283

MAILING: Commissioner, District 2  
Ocoee City Commission  
130 Lafayette Street  
Ocoee, FL 34761

CITY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

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**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
E.L. A. Pang	110 W MaKey, Ocoee, FL 34761	Sales

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

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815 E Silver STAR	Ocoee, FL	34761
130 Lafayette	Ocoee, FL	34761

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

IRA	Dean Witter / Morgan Stanley

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

SUN BANK	10331 W Hwy 50, Ocoee, FL 34761

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ELAPHA		
ADDRESS OF BUSINESS ENTITY	110 W Mckee Ocoee, FL 34761		
PRINCIPAL BUSINESS ACTIVITY	Product Sales		
POSITION HELD WITH ENTITY	owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	owner		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

*[Handwritten Signature]*

DATE SIGNED (required):

6-1-08

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