PART D — INTANGIBLE PERSONAL PROPERTY [Store [Store]] (If you have nothing to report, write "none]	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Nh	
1- /11	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	
NAME OF CREDITOR	ADDRESS OF CREDITOR
A. Community Dank.	
PART F — INTERESTS IN SPECIFIED BUSINESSES [C (If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	the Gland LLC Haston Cohn Mgt.
ADDRESS OF BUSINESS ENTITY	2801 E Colonial Dr. 2801 E Colonial Dr
PRINCIPAL BUSINESS ACTIVITY	motel Pap. Mgt Co.
POSITION HELD WITH ENTITY	Mangins Member President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	0 33.5% 100%.
NATURE OF MY OWNERSHIP INTEREST	,
PART G — TRAINING For elected municipal officers required to complete ann	
☐ TCERTIFY THAT II	HAVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILE	
Signature:	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:
- Dana G	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.
Date Signed: 7-19-18	CPA/Attorney Signature:
1-19-18	Date Signed:
FILING INSTRUCTIONS:	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) and send it to CEForm1@leg.state.fl.us. 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, 2017.

FORM 1 STATEMENT OF 2015 FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : BILL COWLES Chane, Dianna Cohn SUPERVISOR OF ELECTIONS DRANGE COUNTY, FL MAILING ADDRESS: 512 Highland Avenue 2016 AUG -8 A 11: 30 CITY: ZIP: COUNTY: Orlando 32801 Orange NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: W192 Development Authority Board - Treasurer 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:** 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 (must check one): M **DECEMBER 31, 2015** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY HSH Colonial LLC 2801 E. Colonial Drive Orlando, FL 32803 Motel HSH Eastgate LLC 5565 W, Irlo Bronson Hwy Kissimmee FL 34746 Motel Harston Cohn Management LLC 2801 E. Colonial Drive Orlando, FL 32803 Hospitality Management/Consultation West Broward Auto Repair LLC 10201 W.53 Street Sunrise, FL 33351 Auto Garage Repair PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE HH Orlando Kissimmee LLC Purchaser 5565 W, IBM Hwy Kissimmee Motel PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, b (If you have nothing to report, write "none" or "	onds, certificates of deposit, etc See instructions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NA	BOOMESS ENTIT TO WHICH THE PROPERTY RELATES
	BILL COVILES
PART E — LIABILITIES [Major debts - See instructions]	ORANGE COURTY BUTTO
(If you have nothing to report, write "none" or "	n/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR & A II: 30
NA	
PART F — INTERESTS IN SPECIFIED BUSINESSES TOwner	ship or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/	a")
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
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 required to complete annual et	
I CERTIFY THAT I HAV	E COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE COM	ITINUED 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 attorney
Olginature.	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:
Dama Cohn Che	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the
Charle Come	Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the
Date Signed:	disclosure herein is true and correct.
	CPA/Attorney Signature:
1-29-16	Date Signed:
मा ।	NG INSTRUCTIONS:
and the second control of the second control	TO FILE: WHEN TO FILE:
After completing all parts of this form, including If you were	e mailed the form by the Commission Initially, each local officer/employee, state officer, and experience details a state officer and experience details.

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).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

your annual disclosure filing, return the form to that location.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

FORM 1	STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDI	DLE NAME :			
MAILING ADDRESS :	······································	5:14 5:14		
244600	20	14 AUG 11 P 5: 14		
Dianna Chane				
CITY Osceola County West Agency	J.S. 192 Community Redevelop	ment		
NAMI 7300 M Irlo Bronson M Kissimmee FL 34747	Temorial Hwy WESS 34746		٠	
NAME				
You are not limited to the space on the	lines on this form. Attach additional she	ets, if necessary.		
CHECK ONLY IF _ CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE	:	
**** BOT	H PARTS OF THIS SECT	ION MUST BE CO	MPLET	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO YEAR OR ON A FISCAL YEAR. P EITHER (must check one):	UR FINANCIAL INTERESTS FOR T LEASE STATE BELOW WHETHER	HE PRECEDING TAX YEA	R, WHETH THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING
DECEMBER 31,	2013 <u>OR</u> 🛭 SPECII	FY TAX YEAR IF OTHER TH	IAN THE C	ALENDAR YEAR:
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USE CALCULATIONS, OR USING CONFOR further details). CHECK THE O	SING REPORTING THRESHOLDS T PARATIVE THRESHOLDS, WHICH	HAT ARE ABSOLUTE DOL ARE USUALLY BASED ON	LAR VALU I PERCEN	ES, WHICH REQUIRES FEWER ITAGE VALUES (see instructions
'	PERCENTAGE) THRESHOLDS	OR 🗆 DOLL	AR VALU	IE THRESHOLDS
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to eport, write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	AD	JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
HSH Eastgate LLC	5565 WIBM HW	1-Rissimmee	Mana	ging member Hoti
HSH Colomas WC	2801 & Colonial	Dr Orlando	ſ	aging member Ho
Harston Cohn Manag	and 2801 E Colon	ial Dr Olland	o DWA	er-management co.
Ľ	<u></u>	-		Hotely Prop. mat
PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to	OF INCOME and other sources of income to busine eport, write "none" or "n/a")	sses owned by the reporting p	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA				
			·	
				
PART C REAL PROPERTY [Land (If you have nothing to re	buildings owned by the reporting person or "n/a")	n - See instructions]		G INSTRUCTIONS for when there to file this form are
11/0				ed at the bottom of page 2.
-N/A			this f	RUCTIONS on who must file orm and how to fill it out on page 3.
			~vg.	handa a.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES
<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	·
the state of the s		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to report, which we will not be "nothing to report, which we will not be "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report, which we will not be a supplication of the "nothing to report of the "nothin		
NAME OF CREDITOR	ADDRI	ESS OF CREDITOR
N/A		
/ '	1	
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positions in contain types of he	reineges See instruction-1
(If you have nothing to report, write "non-	e" or "n/a")	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
AME OF BUSINESS ENTITY	HSH COION, al LCC	High Eastagte ILC
 	11.4	HSH Eastgate UC
DDRESS OF BUSINESS ENTITY	7801 E. Colonial Dr.	
AME OF BUSINESS ENTITY DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY OSITION HELD WITH ENTITY	2801 E. Colonial Dr.	18565 W 1Bm Huxy Kissi
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DSITION HELD WITH ENTITY	2801 E. Colonial Dr. Hotel Managing Member	Mada
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTRIBUTION HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINES	2801 E. Colonial Dr. Hotel Managing Member 33.5%	Tasses w 18 m Huxy Kissi Hotel managing member
ODRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTRICT HEAD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINESS ATURE OF MY OWNERSHIP INTEREST	2801 E. Colonial Dr.? Hotel Managing Member 33.5% owner/operator	Managing Member 27°/ 0wxer/operator
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTRICT HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINES: ATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F AR	2801 E. Colonial Dr.? Hotel Managing Member 33.5% Owner/Operator RE CONTINUED ON A SEPARATE SH	Managing Member 27°/ DWNEN/OPERATOR EET, PLEASE CHECK HERE
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY OSITION HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINES: ATURE OF MY OWNERSHIP INTEREST	2801 E. Colonial Dr.? Hotel Managing Member 33.5% owner/operator	Managing Member 27°/ DWNEN/OPERATOR EET, PLEASE CHECK HERE
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTION HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINES: ATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F AR	2801 E. Colonial Dr. Hotel Managing Member 33.5% Owner/Operator RE CONTINUED ON A SEPARATE SHI DATE SIGNED	Managing Member 27°/ DWNEN/OPERATOR EET, PLEASE CHECK HERE
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTRICT HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINESS ATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F AR SIGNATURE (required): A certified public accountant licensed under Cha	2801 E. Colonial Dr. Hotel Managing Member 33.5% Owner/Operator RE CONTINUED ON A SEPARATE SH	Tass to will me they Kissing total Managing Member 27°/ DWNEN/OPERADOR EET, PLEASE CHECK HERE (required):
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTION HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINESS ATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F AR SIGNATURE (required):	2801 E. Colonial Dr. Hotel Managing Member 33.5% Owner/Operator RE CONTINUED ON A SEPARATE SHI DATE SIGNED 1 pter 473, or attorney in good standing with	The Florida Bar prepared this form for you,
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTION HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINESS ATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F AR SIGNATURE (required): a certified public accountant licensed under Chae or she must complete the following statement:	2801 E. Colonial Dr. Hotel Managing Member 33.5% Owner/Operator RE CONTINUED ON A SEPARATE SHI DATE SIGNED prepared the CE Form 1 in a	The Florida Bar prepared this form for you,
DDRESS OF BUSINESS ENTITY RINCIPAL BUSINESS ACTIVITY DISTION HELD WITH ENTITY DWN MORE THAN A 5% INTEREST IN THE BUSINESS ATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F AR SIGNATURE (required):	2801 E. Colonial Dr. Hotel Managing Member 33.5% Owner/Operator RE CONTINUED ON A SEPARATE SHI DATE SIGNED prepared the CE Form 1 in a	The Florida Bar prepared this form for you,

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 filling.

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

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:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.