FORM 1	STATEMENT	 Г ОF	2016
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME:	SUPERVI	LL COWLES SOR OF ELECTIONS RSE COUNTY, FL
Demostene Tina 249146	ission Member Orange County		LII P 1: 43
5106 Leeward Way			
CIT Orlando FL 328093042	•	4	
NAN		- c	
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		
	s on this form. Attach additional sheets, if neces		
CHECK ONLY IF	OR NEW EMPLOYEE OR APPOINT	EE	
**** BOTH DISCLOSURE PERIOD:	PARTS OF THIS SECTION M	UST BE COMPLE	TED ****
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PREC SE STATE BELOW WHETHER THIS STA	EDING TAX YEAR, WHE TEMENT IS FOR THE PR	THER BASED ON A CALENDAR RECEDING TAX YEAR ENDING
DECEMBER 31, 201	6 <u>OR</u> □ SPECIFY TAX YE	EAR IF OTHER THAN THE	CALENDAR YEAR:
MANNER OF CALCULATING REPORTION OF USIN CALCULATIONS, OR USING COMPATOR for further details). CHECK THE ONE	G REPORTING THRESHOLDS THAT ARE RATIVE THRESHOLDS. WHICH ARE USL	ABSOLUTE DOLLAR VAI JALLY BASED ON PERCI	LUES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions
	RCENTAGE) THRESHOLDS OR	型 DOLLAR VAI	LUE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to the reporting t, write "none" or "n/a")	ng person - See instructions]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Albamonte Spri	y 225 Newbury Port Ave	32701 (ty of Altamorde Spr.
Sun rust nuestments	170 Box 596 Kichmend		st ment banking sauly
Kichael Han Item CHeste	1 5/06 Leewood Way Ec	tyewool, to this	bad Salary
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to businesses owned	by the reporting person - Se	ee instructions]
	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None		****	
		,	
DART C. DEAL PROPERTY (C. 14.1			
(If you have nothing to repor	dings owned by the reporting person - See inst , write "none" or "n/a")	FILIN	NG INSTRUCTIONS for when where to file this form are
5106 Leeward Way,	Edgewood RL 32809 (Home	ted at the bottom of page 2.
362-364 Springdale Dr	Altamonte Springs, FL (Re	this	RUCTIONS on who must file form and how to fill it out n on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		es of deposit, etc See ins	structions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Stock/Bonds / Investment	Managed b	y Southust Ba	ink (Personal (nuestments)
In Vestments	Hanaud	1 by Wells 7	aus Bunk/ perent
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non			Invience
NAME OF CREDITOR		ADDRES	SS OF CREDITOR
Wells Fargo Mortgage	PO Box	14411 DesN	bines, 1A 50306
BBOT Morthage	PO Box	580022 C	varlotte, NC, 28258
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	or "n/a") BUSINE	SS ENTITY#1	sinesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NON	<u>E</u>	
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 an I CERTIFY THAT I			2, F.S. UIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED O	N A SEPARATE SHE	EET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:	CPA or ATT	ORNEY SIGNATURE ONLY
Signature:	س		ountant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:
dnalemos	Tene		with Section 112.3145, Florida Statutes, and the Lupon my reasonable knowledge and belief, the e and correct.
Date Signed:		CPA/Attorney Signatur	e:
FILING INSTRUCTIONS:			
	FILING INST HERE TO FILE:	RUCTIONS:	WHEN 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, write "none" or "n/a" in that section(s).

NOTE

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.

Facsimiles will not be accepted.

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 page 3 of instructions.

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, 2016.

FORM 1 STATEMENT OF 2015 FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: FOR OFFICE USE ONLY: 1 LAST NAME -- FIRST NAME -- MIDDLE NAME : Demostene Tina 249146 BILL COWLES SUPERVISOR OF ELECTIONS ORANGE COUNTY, FL Planning and Zoning Commission Member 5106 Leeward Way 2016 JUL - 1 A 8: 25 Orlando FL 32809 NAME OF OFFICE OR POSITION HELD OR SOUGHT: winty Planning Commissioner-D3 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 **DECEMBER 31, 2015** 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 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 OF INCOME SOURCE'S DESCRIPTION OF THE SOURCE'S **ADDRESS** PRINCIPAL BUSINESS ACTIVITY 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 **BUSINESS ENTITY ADDRESS** OF BUSINESS' INCOME PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE 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 5106 Leeward War 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. CE FORM 1 - Effective: January 1, 2016 Incorporated by reference in Rule 34-8.202(1), F.A.C. (Continued on reverse side)

PAGE 1

			- Latingol
PART D — INTANGIBLE PERSONAL PROPERTY	[Stocks, bonds, certificates or	f deposit, etc See inst	rucuonsj
(If you have nothing to report, write	I BII	ISINESS ENTITY TO W	HICH THE PROPERTY RELATES
TYPE OF INTANGIBLE	SUNTUSTINU	coment sewi	02
Stock Bords, Investments			
Savings/Money Market/chede	n Wells Forgo	Bone	
PART E — LIABILITIES [Major debts - See instru (If you have nothing to report, write	ctionsl		
	ĭ	ADDRES	SS OF CREDITOR
NAME OF CREDITOR	D 2704 = 6	-02 (1000)	stle, NC 2058-0022
BB++ Mathan	P.OBX 580	Siz, Criar o	152/600455
Wolls From Modrace			n TX 15266-0455
PART F — INTERESTS IN SPECIFIED BUSINESS	ES [Ownership or positions	s in certain types of bus	sinesses - See instructions]
(If you have nothing to report, write "	none" or "n/a") BUSINESS	ENTITY#1	J BOOMEOO EMMA
OF BURNIESS ENTITY	1 none	, <u> </u>	none
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY		·	
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	INIEGO		
I OWN MORE THAN A 5% INTEREST IN THE BUS	INEGO		<u> </u>
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers required to comp	olete annual ethics training pur	suant to section 112.314	42, F.S.
For elected municipal officers required to comp	IAT I HAVE COMPL	ETED THE REC	QUIRED TRAINING.
☐ 1 CERTIFY IA	ATTHAVE COM E		THE PLANT CHECK HERE
IF ANY OF PARTS A THROUGH	3 ARE CONTINUED ON	NA SEPARATE SH	EET, PLEASE CHECK HENE
SIGNATURE OF	FILER:	Ⅲ CPA or A I	TURNET SIGNATURE ORDER
SIGNATURE OF	1 1 2 2 1 2 2	If a certified public ac	countant licensed under Chapter 473, or attorney in the Florida Bar prepared this form for you, he or
Signature:		in good standing with	he following statement.
	ſ	111	nrepared the Ct
Ana Demo	etomo	Form 1 in accordance	ce with Section 112.3145, Florida Statutes, and the rm. Upon my reasonable knowledge and belief, the
<u>ou la contrac</u>		disclosure herein is	true and correct.
Date Signed:		111.	
Pale digital		CPA/Attorney Signa	<u></u>
0/21/10		Date Signed:	
	FILING INST	RUCTIONS:	
70 50 5	WHERE TO FILE:		WHEN TO FILE:
WHAT TO FILE:	it were mailed the fi	form by the Commission	Initially, each local officer/employee, state officer and specified state employee must file with

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).

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.

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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.

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

Thereafter, the by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F)

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, 2015.

FORM 1	STATEM	MENT OF	2014	
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL OW:	INTERESTS	on a crown es	
LAST NAME FIRST NAME MI	DDLE NAME :	SUPER OR	VISOR OF ELECTIONS ANGE COUNTY, FL	
Demostene Tina 249146	, , , , , , , , , , , , , , , , , , , ,	2015	SEP - 3 A 7:45	
Orange County	t en			
5106 Leeward Way				
Orlando, FL 32809				
NAME OF OFFICE OR POSITION OF OFFICE OR POSITION You are not limited to the space on ti	HELD OR SOUGHT: HELD OR SOUGHT: HE lines on this form. Attach additional she	MISSUM eets, if necessary		
CHECK ONLY IF _ CANDIDA				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one): DECEMBER 31 MANNER OF CALCULATING FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO for further details). CHECK THE	PLEASE STATE BELOW WHETHER , 2014 OR	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR IFY TAX YEAR IF OTHER THAT THAT ARE ABSOLUTE DOLL I ARE USUALLY BASED ON	R, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING AN THE CALENDAR YEAR: LAR VALUES, WHICH REQUIRES FEWER PERCENTAGE VALUES (see instructions	
	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 OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
City of large O	ty 205 E. Graves	-Avenue 3274	7 City Planner Salar	
11PIL FORCO	ON BOX DAG ON	4 an 1097775	The small garden	
Richad Plan H	WY HUSKIM STOUL LE	und Was Edven	bel HUBAND SALARY	
	ES OF INCOME is, and other sources of income to busine o report, write "none" or "n/a")	esses owned by the reporting pe	DTZ TYTODO (Tatwo) rson - See instructions	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
none				
DADT C BEAL PROPERTY II on	d buildings sumed by the reportion non-	Continuity 1		
	d, buildings owned by the reporting person report, write "none" or "n/a")	on - See instructions]	FILING INSTRUCTIONS for when and where to file this form are	
5106 Leeward Way Edsawood, R 32801 (home) located at the bottom of page 2				
302-364 Springdale Dr. Attanone spring, Rightal) this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		of deposit, etc See	instructions]
TYPE OF INTANGIBLE	E	BUSINESS ENTITY TO	O WHICH THE PROPERTY RELATES
Stake and Investments	Managed by	Wellstago	Bank (puand inications)
Strike and Invalments	Managedlon	SunThust	Bank Cociana involment
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	s] e" or "n/a")		•
NAME OF CREDITOR		ADDF	RESS OF CREDITOR
Wellstago Martage	Wellsfaron ?	P.O BUX 14411	, Destloines 1A 50306
BB+T MB/+ make	BBOT PC	1.BUX 5800	22, Charlott. NC 28258
0			
PART F — INTERESTS IN SPECIFIED BUSINESSES [0 (If you have nothing to report, write "none"	or "n/a")	s in certain types of b	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	none	,	none
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			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R:	CPA or AT	TORNEY SIGNATURE ONLY
Signature:		attorney in good s	c accountant licensed under Chapter 473, or standing with the Florida Bar prepared this or she must complete the following statement:
Inalementero		Statutes, and the	n accordance with Section 112.3145, Florida instructions to the form. Upon my reasonable elief, the disclosure herein is true and correct.
Date Signed:	,		
		CPA/Attorney Sig	nature:
8/11/15	· · · · · · · · · · · · · · · · · · ·	Date Signed:	
FILING INSTRUCTIONS:			
WHAT TO FILE: WH	IERE TO FILE:		WHEN 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.

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

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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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.