FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2015

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

FOR OFFICE USE ONLY:

PROCESSED

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LAST NAME — FIRST NAME — MIDDLE NAME:
Soto, Kelvin

MAILING ADDRESS:
1084 Hermosa Way

CITY: Kissimmee | ZIP: 34744 | COUNTY: Osceola

NAME OF AGENCY:
Osceola County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board Member, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 15 was $ 127758.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 2000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Account (Wells Fargo)	3817
Personal Account (Suntrust)	24054
Business Account (Wells Fargo)	141023
Business Account (Suntrust)	100

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ed Financial Service, PO BOX 36008, Knoxville, TN. 37930	62483
BMW Financial Services, PO BOX 3608, Dublin, OH. 43016	23943
Bank of Kansas City, PO BOX 35688, Tulsa, OK. 74153	169723

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Kelvin Soto, PA	24 N Clyde Ave, Kissimmee, FL. 34741	170000
Osceola County School District	817 Bill Beck Ave, Kissimmee, FL. 34744	35775

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016 by Kelvin Soto

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) JOHN P. QUINONES, IV

Personally Known ✓ OR Produced Identification

Type of Identification Produced

NOTARY PUBLIC STATE OF FLORIDA Comm# EE877746 Expires 8/19/2017

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:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

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FORM 6 SUPPLEMENTAL

ASSETS INDIVIDUALLY VALUED AT OVER $1000 (CON'T):

DESCRIPTION OF ASSET	VALUE OF ASSET
Real Estate – 1084 Hermosa Way, Kissimmee	170000
2010 Honda Accord	10500
2013 BMW	22500
TIAA CREF Money Market	8099
UCP DCP / Fidelity Net Benefits	3814

PRIMARY SOURCES OF INCOME

NAME OF SOURCE OF INCOME EXCEEDING $1000	ADDRESS	AMOUNT
Soto Mack Law Group	24 N Clyde Ave, Kissimmee, FL. 34741	26000