FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

FOR OFFICE USE ONLY: 203408

LAST NAME — FIRST NAME — MIDDLE NAME:
FLORES NOEY ADAM

MAILING ADDRESS:
PO BOX 1893

CITY: WAUCHULA ZIP: 33873 COUNTY: HARDEE

NAME OF AGENCY:
HARDEE COUNTY BOARD OF COUNTY COMMISSIONER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
ELECTED CONSTITUTIONAL OFFICER

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PROCESSED
FLORIDA
COMMISSION ON ETHICS
AUG 31 2020
RECEIVED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 JULY 31, 20 20 was $ 348,630.

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 $ $130,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE (311 OHIO AVE. WAUCHULA, FL)& BLUEGREEN TIMESHARE	$285,000.00
2920 HUMBERTO GARZA JR RD MISSION, TX	$25,000.00
BUSINESS NET VALUE (PRIMO'S INVESTMENT)	$6,430
BUSINESS NET VALUE (FBI HOMES LLC)	$150,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FIRST NATIONAL BANK OF WAUCHULA (RESIDENCE)	186,000
SUNCOAST SCHOOLS FEDERAL CREDIT UNION (AUTO LOANS AND PERSONAL)	61,800

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
HARDEE COUNTY BOCC	417 W MAIN ST STE 214 WAUCHULA, FL	$32,758

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
FLORES & FLORES, INC	REAL ESTATE BROKER	311 OHIO AVE WAUCHUL	REAL ESTATE SALES
FBI, AREA, PRIMO	RE INVESTMENTS	311 OHIO AVE WAUCHUL	REAL ESTATE SALES

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	FLORES & FLORES, INC	FBI HOMES, LLC	PRIMOS INVESTMENT
ADDRESS OF BUSINESS ENTITY	PO BOX 1893 WAUCHULA	PO BOX 1893 WAUCHULA	PO BOX 1893 WAUCHULA
PRINCIPAL BUSINESS ACTIVITY	RE BROKERAGE	RE INVESTMENT CO.	RE INVESTMENT CO
POSITION HELD WITH ENTITY	PRESIDENT	MANAGING MEMBER	MANAGING MEMBER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	50%	1/3 %
NATURE OF MY OWNERSHIP INTEREST	OWNER	PARTNER	PARTNER

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 Hardee

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 28th day of August, 2020 by

Diane Moore
(Signature of Notary Public--State of Florida)

DIANE MOORE
Notary Public – State of Florida
Commission # GG 162242
My Comm. Expires Mar 15, 2022
Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

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 ☐