FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

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

FOR OFFICE USE ONLY:

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 OFFICERS

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PROCESSED
FLORIDA COMMISSION ON ETHICS
AUG 18 2021
RECEIVED
203408

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 MAY, 20 21 was $ 339,037.

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 $ 127,500

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	300,000
BUSINESS NET VALUE (PRIMOS INVESTMENT)	6,500
BUSINESS NET VALUE (FBI HOMES, LLC)	169,661
BUSINESS NET VALUE (FLORES & FLORES /AREA HOMES INC)	17,700

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PRIMARY RESIDENCE MORTGAGE	183,200
AUTO LOANS	57,124
OTHER LOANS & CREDIT CARDS	44,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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 & HOL	311 OHIO AVE WAUCHUL	REAL ESTATE HOLDIN(

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **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.

PATTY D. HARRISON
MY COMMISSION # GG 149210
EXPIRES: December 28, 2021
Bonded Thru Notary Public Underwriters

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 16 day of August, 2021 by Nery Flores.

Patty D Harrison
(Signature of Notary Public–State of Florida)

Patty Harrison
(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 ☐