

## FORM 6

## FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Marceno Carmine Dominic JR

MAILING ADDRESS:

14750 Six Mile Cypress Pkwy

CITY :

Fort Myers

ZIP :

33912

COUNTY :

Lee

NAME OF AGENCY :

Lee County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

**FLORIDA  
COMMISSION ON ETHICS**

JUL 01 2022

**RECEIVED**

**PROCESSED**

274817

### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 21 was \$ 499,290.

### 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 \$ 150,000

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--------------------------------------------------------------------------------|----------------|
| Residence                                                                      | 700,000        |
|                                                                                |                |
|                                                                                |                |
|                                                                                |                |

### PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR                       | AMOUNT OF LIABILITY |
|----------------------------------------------------|---------------------|
| Pennymac Loan Services, LLC (Home Mortgage)        | \$ 312,024          |
| PO Box 514387, Los Angeles, CA 90051               |                     |
| Capital One (Auto Loan)                            | \$ 38,686*          |
| 1680 Capital One Dr., McLean, VA 22102 (approx. *) |                     |

#### 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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2021 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     |
|--------------------------------------------|---------------------------------------------------|------------|
| Lee County Sheriff's Office                | 14750 Six Mile Cypress Pkwy, Fort Myers, FL 33912 | \$ 169,298 |
| Gambling income (Seminole Gaming)          | 1 Seminole Way, Hollywood, FL 33314               | \$ 290,183 |

**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**

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.

*CA*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF

LEE

Sworn to (or affirmed) and subscribed before me by means of  
☒ physical presence or ☐ online notarization, this 30 day of

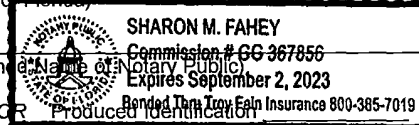
June, 2022 by

*Sharon M. Fahey*

(Signature of Notary Public--State of Florida)

SHARON M. FAHEY

(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, Katherine Welch, 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.

*K Welch*

Signature

6/29/22

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 ☐