FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

FOR OFFICE USE ONLY:

PROCESSED

RECEIVED

JUN 09 2022

Initial:

203408

LAST NAME — FIRST NAME — MIDDLE NAME:
Flores Nocy Adam

MAILING ADDRESS:
P.O. Box 1893

CITY: Wauchula ZIP: 33873 COUNTY: Hardee

NAME OF AGENCY:
Hardee County Board of County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner 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, 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 June 6th, 20 22 was $ 1,063,664.

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 $ 107,500

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	$350,000
Business Net Value (Primos Investment)	$7,442
Business Net Value (FBI Homes, LLC)	$797,422
Busniess Net Value (Flores & Flores, Inc.)	$-10,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Pimary Residence Mortgage	180,450
Other Loans & Credit Cards	$8,250

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 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	$37,362

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 Wauchula FL	Real Estate Sales
FBI Homes and Primos	RE Investment & Holdings	311 Ohio Ave Wauchula FL	Real Estate Holdings

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 Properties
ADDRESS OF BUSINESS ENTITY	PO Box 1893 Wauchula	PO Box 1893 Wauchula	PO Box 1893 Wauchula
PRINCIPAL BUSINESS ACTIVITY	Real Estate Brokerage	Real Estate Investment Co.	Real Estate Holding 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.

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 9th day of June, 2022 by _____.

(Signature of Notary Public--State of Florida)

JUNE M JUDAH
Notary Public - State of Florida
Commission # GG 285736
My Comm. Expires Feb 2, 2023
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 ☐

CE FORM 6 - Effective June 2, 2022
Incorporated by reference in Rule 34-8.002(1), F.A.C.