# 2023 Form 1 - Statement of Financial Interests

**Filed with COE: 05/06/2024**

## General Information

Name: Michael Alan Wright

**PID 289610**

**AGENCY INFORMATION**

| Organization | Suborganization | Title |
|---|---|---|
| Department of Health-Boards | Bd of Orthotists & Prosthetists | Board Member |

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Name of Source of Income | Source's Address | Description of the Source's Principal Business Activity |
|---|---|---|
| Nemours Children's Health | 807 Children's Way | Healthcare worker |

Filed with COE: 05/06/2024

## Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|---|---|---|---|
| N/A | | | |

## Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

| Location/Description |
|---|
| **N/A** |

## Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

| Type of Intangible | Business Entity to Which the Property Relates |
|---|---|
| 401K | Transamerica |
| 529 | My529 |

Filed with COE: 05/06/2024

## Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

| Name of Creditor | Address of Creditor |
|---|---|
| USAA | 9800 Fredericksburg, San Antonio TX 78288 |
| Chase | 9200Oakdale Ave, Chatsworth, CA |

## Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

| Business Entity # 1 |
|---|
| N/A |

## Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Filed with COE: 05/06/2024

## Signature of Filer

***Michael Alan Wright***

Digitally signed: **05/06/2024**

**Filed with COE: 05/06/2024**