

**General Information**

Name: Mrs Sheri Olson

PID 252771

**AGENCY INFORMATION**

Organization	Suborganization	Title
CareerSource Central Florida; Region 12	Board Members	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
Orlando Health South Lake Hospital	1900 Don Wickham Drive, Clermont, FL 34711	Healthcare/Hospitl

**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
117 Acres on Lake Erie Road, Groveland, FL 34736
Acreage, 7401 SR 33 Clermont, FL 34711

**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
Stocks	Lockheed Martin
Mutual Funds	Franklin Templeton
Mutual Funds	Lord Abbett
Mutual Funds	Mass Mutual
Mutual Funds	Vanguard

**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
Insight Financial Credit Union	Leesburg, FL 34748

**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.

**Signature of Filer**

***Sheri Olson***

Digitally signed: 06/04/2024

Filed with COE: 06/04/2024