

## 2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/21/2025

### General Information

Name: Mr Mitchell Dwayne Wills

PID 265470

### AGENCY INFORMATION

| Organization                        | Suborganization                | Title                              |
|-------------------------------------|--------------------------------|------------------------------------|
| Hendry County                       | Elected Constitutional Officer | County Commissioner,<br>District 3 |
| Labelle                             | Employees                      | Superintendent Of Public<br>Works  |
| S.W. Fla. Regional Planning Council | Council Members                | County Commissioner,<br>District 3 |

### Net Worth

My Net Worth as of December 31, 2024 was \$ 190,000.00.

**Assets**

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 effect is N/A.

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

| Description of Asset    | Value of Asset |
|-------------------------|----------------|
| House and Land          | \$ 275,000.00  |
| Polaris Ranger          | \$ 24,000.00   |
| 2025 Chevrolet Siverado | \$ 89,000.00   |
| 2023 Chevrolet Traverse | \$ 34,000.00   |
| 2023 Solair Camper      | \$ 39,000.00   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor              | Address of Creditor                                         | Amount of Liability |
|-------------------------------|-------------------------------------------------------------|---------------------|
| Quicken Loans                 | P.O Box Carol Stream IL 60197                               | \$ 98,000.00        |
| Suncoast Federal Credit Union | P.O Box 11904 Tampa Florida 33680                           | \$ 84,000.00        |
| GM Financial                  | 2001 Sheppard Ave. East, Suite 600 Toronto, Ontario, M2J4Z8 | \$ 34,000.00        |
| Sheffield Financial           | P.O Box 25127 Winston Salem, NC 27114                       | \$ 18,000.00        |
| Suncoast Federal Credit Union | PO Box 11904 Tampa Florida 33680                            | \$ 37,000.00        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

**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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income                   | Amount       |
|--------------------------------------------|-----------------------------------------------|--------------|
| Hendry County B.O.C.C                      | 25 East Hickpochee Ave. LaBelle Florida 33935 | \$ 38,000.00 |
| City of LaBelle                            | 481 Hickpochee Ave. LaBelle Florida 33935     | \$ 96,000.00 |
| Christ Central LaBelle                     | 813 East Hickpochee Ave. LaBelle Florida      | \$ 30,000.00 |

**SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):**

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

**Interests in Specified Businesses****Business Entity # 1**

N/A

## Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☐ I certify that I have completed the required training under Section 112.3142, F.S.
- ☒ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

## Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***Mitchell Dwayne Wills***

Digitally signed: 06/21/2025

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