

**General Information**

Name: John Robert Gislason

PID 282803

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 06/25/2025

**AGENCY INFORMATION**

| Organization                                  | Suborganization      | Title            |
|-----------------------------------------------|----------------------|------------------|
| Bridle Creek Community Development District   | Board of Supervisors | Board Supervisor |
| Cope's Landing Community Development District | Board of Supervisors | Supervisor       |
| Entrada Community Development District        | Board of Supervisors | Board Supervisor |

**Net Worth**My Net Worth as of June 25, 2025 was \$ 400,000.00.

**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 \$ 60,000.00.

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

| Description of Asset | Value of Asset |
|----------------------|----------------|
| Home                 | \$ 600,000.00  |
| 401K                 | \$ 150,000.00  |
| Stocks & Bonds       | \$ 15,000.00   |
| Cash                 | \$ 50,000.00   |

**Liabilities**

## LIABILITIES IN EXCESS OF \$1,000:

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

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount        |
|--------------------------------------------|-----------------------------|---------------|
| DR Horton                                  | 4220 Race track Rd          | \$ 125,000.00 |

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

### Business Entity # 1

N/A

**Signature of Reporting Official or Candidate**

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

***John Robert Gislason***

Digitally signed: 06/25/2025

Filed with COE: 06/25/2025