2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/15/2025

General Information

Name: Mr Emory Wendell Howard

PID 301089

AGENCY INFORMATION

Organization	Suborganization	Title
Hendry County	Elected Constitutional Officer	County Commissioner, District 2

Net Worth

My Net Worth as of December 31, 2024 was $ 850,000.00.

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 $ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
PRIMARY RESIDENCE/692 TURTLE LN/LABELLE	$ 550,000.00
VEHICLE & BOAT	$ 30,000.00
EDWARD JONES TRADITIONAL IRAS (2)	$ 250,000.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
FIRST BANK OF CLEWISTON	300 E SUGARLAND HWY/CLEWISTON, FL 33440	$ 50,000.00
CITIBANK CREDIT CARD	PO BOX 790441/ST LOUIS, MO 63179	$ 20,000.00
CAPITAL ONE CREDIT CARD	1680 CAPITAL ONE DR/MCLEAN, VA 22102	$ 5,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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 BOCC	PO BOX 1760/LABELLE,FL 33975	$ 44,702.00
FLORIDA RETIREMENT	PO BOX 9000/TALLAHASSEE,FL 32315	$ 109,830.00
EVERGLADES HARVESTING	1331 COMMERCE DR/LABELLE,FL 33935	$ 27,855.00
EDWARD JONES IRA	201 PROGRESS PKWY/MARYLAND HTS, MO 63043	$ 14,103.00

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			

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Interests in Specified Businesses

Business Entity # 1	
Name of Business Entity	SW FLORIDA SAFETY CONSULTING
Address of Business Entity	PO BOX 447/LABELLE, FL 339975
Principal Business Activity	SAFETY CONSULTING/TRAINING
Postion Held with Entity	100% OWNER/PRESIDENT
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	100% OF COMMON STOCK

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.

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CPA/Attorney Signature Only

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, **Christopher Soud** 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.

Christopher Soud

Digitally signed: **08/15/2025**

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.

Emory Wendell Howard

Digitally signed: **08/15/2025**

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