

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/14/2023

### General Information

Name: Mr John LeClair  
Address: 18235 La Croix Avenue, Port Charlotte, FL 33948 **PID 298719**  
County: Charlotte

### AGENCY INFORMATION

| Organization                    | Suborganization                | Title                     |
|---------------------------------|--------------------------------|---------------------------|
| Charlotte County Public Schools | Elected Constitutional Officer | Board Member - District 4 |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 540,000.00.

**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 \$ 35,000.00.

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

| Description of Asset | Value of Asset |
|----------------------|----------------|
| Property             | \$ 30,000.00   |
| Stocks               | \$ 15,000.00   |
| 401K                 | \$ 450,000.00  |
| Bank Accounts        | \$ 10,000.00   |

**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              |                     |                     |

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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.

☐ I elect to file a copy of my 2022 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       |
|--------------------------------------------|---------------------------------------|--------------|
| Florida Retirement System                  | Tallahassee                           | \$ 45,000.00 |
| Charlotte County Public Schools            | 1445 Education Way, Pt. Charlotte, FL | \$ 42,000.00 |

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

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

**Interests in Specified Businesses**

| Business Entity # 1                                  |                                           |
|------------------------------------------------------|-------------------------------------------|
| <b>Name of Business Entity</b>                       | Mattress By Appointment North Port        |
| <b>Address of Business Entity</b>                    | 1050 Innovation Ave Unit B110, North Port |
| <b>Principal Business Activity</b>                   | Mattress Sales                            |
| <b>Postion Held with Entity</b>                      | Owner                                     |
| <b>I own more than a 5% Interest in the Business</b> | Yes                                       |
| <b>Nature of my Ownership Interest</b>               | Partnership                               |

**Training**

- ☒ 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.

***John LeClair***

Digitally signed: **06/14/2023**

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