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.

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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			

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Interests in Specified Businesses

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

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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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