2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/16/2023

General Information

Name: Hon Donna Cameron Cepeda

Address: PO BOX 1110 COUNTY COMMISSION, TAMPA, FL 33601 **PID 299968**

County: Hillsborough

AGENCY INFORMATION

Organization	Suborganization	Title
Hillsborough County	Elected Constitutional Officer	County Commissioner, District 5
Hillsborough County Hospital Authority	Board of Trustees	County Commissioner, District 5
Tampa-Hills. County Expressway Auth.	Authority Members	Commissioner

Net Worth

My Net Worth as of December 31, 2022 was -$ 75,000.00.

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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 $ 44,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
2.02 Acres, York, SC 29745	$ 19,550.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Florida West Coast Credit Union	601 E. Kennedy Blvd., Tampa, FL 33601	$ 26,000.00
Nelnet	PO Box 82561, Lincoln, NE 68501	$ 140,000.00

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.

☐ 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
Hillsborough County	601 E. Kennedy Blvd., Tampa, FL 33601	$ 5,373.14

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
N/A

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.

Donna Cameron Cepeda

Digitally signed: **05/16/2023**

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