

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

Filed with COE: 06/30/2023

### General Information

Name: Mrs Elizabeth Anne Narverud

Address: 5364 Keysville Ave, Spring Hill, FL 34608

PID 254066

County: Hernando

### AGENCY INFORMATION

| Organization                              | Suborganization                | Title                     |
|-------------------------------------------|--------------------------------|---------------------------|
| Hernando County                           | Elected Constitutional Officer |                           |
| Withlacoochee Reg. Water Supply Authority | Board of Directors             | Board of Directors Member |

### Net Worth

My Net Worth as of June 30, 2023 was \$ 1,341,198.00.

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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 \$ 350,000.00.

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

| Description of Asset            | Value of Asset |
|---------------------------------|----------------|
| FRS 2030 Retirement Fund        | \$ 48,658.00   |
| IRA New Economy Fund            | \$ 20,129.00   |
| Black Rock Life Path Index 2040 | \$ 59,942.00   |
| Life Insurance                  | \$ 26,982.00   |
| Chase Checking                  | \$ 31,500.00   |
| Chase Savings                   | \$ 1,300.00    |
| Regions Bank                    | \$ 3,000.00    |
| Automobiles                     | \$ 80,000.00   |
| Residence                       | \$ 350,000.00  |
| Pennsylvania Property           | \$ 55,000.00   |
| Mineral Rights                  | \$ 50,000.00   |
| Vending Company                 | \$ 75,000.00   |
| Dunrite Gaming Investment       | \$ 25,000.00   |
| Commercial Property             | \$ 400,000.00  |
| Timeshare                       | \$ 40,000.00   |
| Capitol City Bank               | \$ 1,000.01    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor             | Address of Creditor                           | Amount of Liability |
|------------------------------|-----------------------------------------------|---------------------|
| Rocket Mortgage              | 1050 Woodward Avenue Detroit, MI 48226        | \$ 203,500.00       |
| Capital One Auto Finance     | PO Box 60511, City of Industry, CA 91716-0511 | \$ 40,857.77        |
| Sallie Mae Inc               | PO BOX 3229 WILMINGTON, DE 19804              | \$ 6,594.00         |
| SET Toyota Finance DBA of WO | PO BOX 91614 MOBILE, AL 36691                 | \$ 23,076.00        |
| Chase Cardmember Services    | PO BOX 1423 CHARLOTTE NC 28201-1423           | \$ 1,419.99         |
| Chase Cardmember Services    | PO BOX 1423 CHARLOTTE NC 28201-1423           | \$ 1,208.15         |
| Capital One                  | PO Box 60519, City of Industry, CA 91716-0519 | \$ 1,021.48         |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**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       |
|--------------------------------------------|---------------------------------------------|--------------|
| Home-Land Real Estate Inc.                 | 13169 Jacqueline Rd., Brooksville, FL 34613 | \$ 12,581.50 |

## 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.

**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.

***Elizabeth Anne Narverud***

Digitally signed: 06/30/2023

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