

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/06/2024

### General Information

Name: Mrs Elizabeth Anne Narverud

PID 254066

### AGENCY INFORMATION

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

### CANDIDATE FOR

| Position          | Agency Name                                   | Position sought or held         |
|-------------------|-----------------------------------------------|---------------------------------|
| County Commission | Hernando County Board of County Commissioners | County Commissioner, District 1 |

### Net Worth

My Net Worth as of December 31, 2023 was \$ 1,427,757.35.

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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 \$ 410,000.00.

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

| Description of Asset            | Value of Asset |
|---------------------------------|----------------|
| FRS 2030 Retirement Fund        | \$ 57,470.26   |
| IRA New Economy Fund            | \$ 22,275.25   |
| Black Rock Life Path Index 2040 | \$ 64,404.83   |
| Life Insurance                  | \$ 25,252.50   |
| Chase Checking                  | \$ 16,503.07   |
| Chase Savings                   | \$ 15,308.49   |
| Regions Bank                    | \$ 3,000.00    |
| Automobiles                     | \$ 60,000.00   |
| Residence                       | \$ 350,000.00  |
| Pennsylvania Property           | \$ 60,000.00   |
| Mineral Rights                  | \$ 50,000.00   |
| Vending Company                 | \$ 65,000.00   |
| Dunrite Gaming Investment       | \$ 25,000.00   |
| Commercial Property             | \$ 500,000.00  |
| 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 |
|--------------------------|------------------------------------------------------------|---------------------|
| Pennymac Mortgage        | 9009 Corporate Lake Dr Suites 100 and 320, Tampa, FL 33634 | \$ 205,276.36       |
| Capital One Auto Finance | CP.O. Box 60511, City of Industry, CA 91716.               | \$ 37,032.30        |
| Southeast Toyota Finance | 190 Jim Moran Blvd, Deerfield Beach, Florida 33442         | \$ 17,867.00        |
| Sallie Mae Student Loans | P.O. Box 8459 Philadelphia, PA 19101-8459                  | \$ 16,886.00        |
| Marriott Chase Visa      | CARDMEMBER SERVICE PO BOX 1423 CHARLOTTE NC 28201-1423     | \$ 3,023.57         |
| Southwest Chase Visa     | CARDMEMBER SERVICE PO BOX 1423 CHARLOTTE NC 28201-1423     | \$ 7,371.82         |

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. Or attach a complete copy of your 2023 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 2023 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.                 | 17086 Cortez Blvd., Brooksville, FL 34601           | \$ 147,520.42 |
| Hernando County Board of Commissioners     | 20 North Main Street, Rm 264, Brooksville, FL 34601 | \$ 72,104.92  |
| Black Rock                                 | 400 HOWARD STREET,SAN FRANCISCO,CA 94105            | \$ 8,619.44   |
| American Funds                             | P.O. Box 6007. Indianapolis, IN 46206-6007          | \$ 5,018.19   |
| Florida Retirement System                  | P.O. Box 9000, Tallahassee, FL 32315-9000           | \$ 5,710.11   |
| Turnkey, LLC                               | 5364 Keysville Ave., Spring Hill, FL 34608          | \$ 2,634.50   |
| Narverud Restaurant Systems, Inc.          | 5364 Keysville Ave., Spring Hill, FL 34608          | \$ 6,118.50   |

**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                     |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

### 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.

### 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: 06/06/2024

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