

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2024

General Information

Name: Evelyn A Wilson

PID 230137

AGENCY INFORMATION

Organization	Suborganization	Title
Groveland	Mayor And City Council	

CANDIDATE FOR

Position	Agency Name	Position sought or held
Mayor for a City, Town or Village - Form 6	City of Groveland, FL, Mayor, Lake County	Mayor, District 1, Seat 1

Net Worth

My Net Worth as of December 31, 2023 was \$ 425,000.00.

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 \$ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
187 Crepe Myrtle Drive, Groveland, FL 34736	\$ 450,000.00
Tropical Financial Credit Union	\$ 5,200.00
Insight Credit Union	\$ 18,000.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Rocket Mortgage	1050 Woodward Avenue, Detroit, MI 48226	\$ 228,000.00
See Attached		

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
See Attached		

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
See Attached			

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.

Evelyn A Wilson

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024

Copy B To Be Filed With Employee's FEDERAL Tax Return		OMB No. 1545-0008	
a Employee's soc sec no	1 Wages, tips, other comp.	2 Federal income tax withheld	
	9180.00	393.00	
b Employer ID number	3 Social security wages	4 Social security tax withheld	
59-6000330	9180.00	569.16	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9180.00	133.08	
c Employer's name, address, and zip code			
CITY OF GROVELAND 156 S LAKE AVE GROVELAND, FL 34736			
d Control Number			
0979			
e Employee's name, address, and zip code			
EVELYN WILSON 187 CREPE MYRTLE DR GROVELAND, FL 34736			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
15 State Emplr's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008	
a Employee's soc sec no	1 Wages, tips, other comp.	2 Federal income tax withheld	
	9180.00	393.00	
b Employer ID number	3 Social security wages	4 Social security tax withheld	
59-6000330	9180.00	569.16	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9180.00	133.08	
c Employer's name, address, and zip code			
CITY OF GROVELAND 156 S LAKE AVE GROVELAND, FL 34736			
d Control Number			
0979			
e Employee's name, address, and zip code			
EVELYN WILSON 187 CREPE MYRTLE DR GROVELAND, FL 34736			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
15 State Emplr's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

RETURN SERVICE REQUESTED

GLEN C WILSON
EVELYN A WILSON
187 CREPE MYRTLE DR
GROVELAND FL 34736-3603

Accessing Your Accounts

 Member Support 888.843.8328
 Phone Banking 407.426.6000 Option 1
 Online Banking www.InsightCreditUnion.com
 Mailing Address P.O. Box 4900
Orlando, FL 32802-4900

Summary of Accounts

Account Type	Account Number	Ending Balance
Primary Share Savings		\$5.00
Incentive Checking		\$22,425.86
Money Market Savings		\$15,132.69
Total Current Value		\$37,563.55
Certificate of Deposit	Certificate Number	Ending Balance
Promo CD 6 Months		\$15,190.79
Promo CD 6 Months		\$15,190.79
Total Current Value		\$30,381.58

Primary Share Savings

Account Summary

Date	Description	Amount
12/01/2023	Beginning Balance	\$5.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
12/31/2023	Ending Balance	\$5.00

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.00%
Interest Days	31
Interest Earned	\$0.00
Interest Paid This Period	\$0.00
Interest Paid Year-to-Date	\$0.00

Account Activity

Post Date	Description	Debits	Credits	Balance
12/01/2023	Beginning Balance			\$5.00
	No activity this statement period			
12/31/2023	Ending Balance			\$5.00

Daily Balances

Date	Amount
12/01/2023	\$5.00

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending

, 20

See separate instructions.

Your first name and middle initial

GLEN C

Last name

WILSON

Your social security number

[REDACTED]

If joint return, spouse's first name and middle initial

EVELYN A

Last name

WILSON

Spouse's social security number

[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.

187 CREPE MYRTLE DR

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

GROVELAND

State

FL

ZIP code

34736

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You☐ Spouse

Filing Status

☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alienAge/Blindness You: ☒ Were born before January 2, 1959 ☐ Are blind Spouse: ☒ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	9,180.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	9,180.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	23,350.
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	48,033.
c	If you elect to use the lump-sum election method, check here (see instructions)		☐
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	0.
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	50,264.
10	Adjustments to income from Schedule 1, line 26	10	0.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	50,264.
12	Standard deduction or itemized deductions (from Schedule A)	12	30,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	30,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	19,564.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	1,958.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	1,958.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	0.
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,958.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	1,958.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	393.
	b	Form(s) 1099	25b	2,335.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,728.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	2,728.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	770.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	770.
	b	Routing number XXXXXXXXXX c Type: ☒ Checking ☐ Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	0.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			RETIRED	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		GOVERNMENT OFFICER		
Phone no.		Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
		SELF-PREPARED			
	Firm's name				Phone no.
	Firm's address				Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2023)

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ROCKET MORTGAGE LLC. 1050 WOODWARD AVENUE DETROIT, MI 48226 800-508-0944	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2023	Mortgage Interest Statement
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GLEN C WILSON EVELYN A WILSON 187 CREPE MYRTLE DR GROVELAND, FL 34736-3603	1 Mortgage interest received from payer(s)/borrower(s)* \$ 7,634.66		Copy B For Payer/ Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
	2 Outstanding mortgage principal \$ 228,443.33	3 Mortgage origination date 03/25/2021	
	4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
	6 Points paid on purchase of principal residence \$ 0.00	7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. ☒	
	8 Address or description of property securing mortgage		
	9 Number of properties securing the mortgage 1	10 Other	
	11 Mortgage acquisition date	Account number (see instructions)	
	RECIPIENT'S/LENDER'S TIN 38-2603955		PAYER'S/BORROWER'S TIN

Form 1098 (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

Loan Activity	2023	Escrow Activity	2023
		Beginning Escrow Balance	\$1,479.02
Interest On Escrow	\$0.00	Total Deposits	\$5,803.93
Current Total Payment	\$1,503.32	Total Disbursements	\$6,024.09
Current Escrow Payment	\$458.86	Closing Escrow Balance	\$1,258.86
Principal Activity	2023	Disbursement Activity	2023
Beginning Balance	\$228,443.33	FHA/Conv Mtg Ins	\$0.00
Payments Applied	\$4,898.86	Hazard Insurance	\$2,252.44
Remaining Balance	\$223,544.47	Property Taxes	\$2,900.55
		Escrow Refund	\$871.10

This information is being provided to you as required by the IRS. Please consult your tax advisor if you have questions regarding this 1098.

For clients with paid Mortgage Insurance Premiums:

We're providing the mortgage insurance premiums you paid during 2023 in box 5 of your 1098 mortgage interest statement. However, the premiums may or may not be deductible for 2023.

We recommend you reach out to your tax professional to find out how to properly file. You can also contact the IRS directly at (800) 829-1040 or online at IRS.gov.



PO Box 829517
Pembroke Pines, FL
33082-9917

Statement Date

12/31/2023

Member Number

EVELYN A WILSON
187 CREPE MYRTLE DR
GROVELAND FL 34736-3603



Statement Summary

Deposit Accounts

Total Balance: **\$2,000.97**

AccountType	Previous Balance	Deposits	Withdrawals	Ending Balance
Money Market Savings	3,010.14	0.83	1,010.00	2,000.97

Money Market Savings

Period: 12/01/23-12/31/23

Post Date	Description	Deposits	Withdrawals	Balance
12/20	Withdrawal Internet Transfer to * CK		500.00	2,510.14
12/20	Withdrawal Internet Transfer to * SAV		10.00	2,500.14
12/24	Withdrawal Internet Transfer to * CK		500.00	2,000.14
12/31	Dividends	0.83		2,000.97

ENDING BALANCE: **\$2,000.97**

Deposits	0.00	Annual Percentage Yield Earned	0.37%
Dividends	0.83		
Withdrawals	1,010.00		
Dividends Earned YTD	15.59		
Fees	0.00		

	THIS STATEMENT PERIOD	YEAR TO DATE
TOTAL FEES FOR PAID OVERDRAFTS	0.00	0.00
TOTAL FEES FOR RETURNED ITEMS UNPAID	0.00	0.00



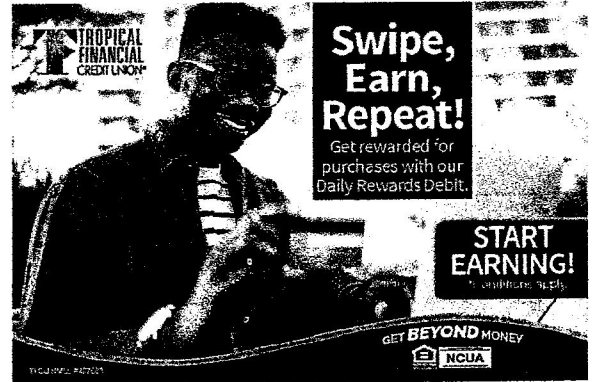
PO Box 829517
Pembroke Pines, FL
33082-9917

EVELYN A WILSON
GLEN C WILSON
187 CREPE MYRTLE DR
GROVELAND FL 34736-3603

Statement Date

Member Number

12/31/2023



Statement Summary

Deposit Accounts

Total Balance: **\$2,641.90**

AccountType	Previous Balance	Deposits	Withdrawals	Ending Balance
Membership Savings	5.00	10.00	4.00	11.00
Premium Checking	4,147.48	7,138.09	8,654.67	2,630.90

Membership Savings

Period: 12/01/23-12/31/23

PREVIOUS BALANCE: **\$5.00**

Post Date	Description	Deposits	Withdrawals	Balance
12/18	Overdraft Protection Withdraw		4.00	1.00
12/20	Deposit Internet Transfer from *3016 SAV	10.00		11.00

ENDING BALANCE: **\$11.00**

Joint Owner	Glen C Wilson			
Deposits	10.00	Annual Percentage Yield Earned		0.00%
Dividends	0.00			
Withdrawals	4.00			
Dividends Earned YTD	0.00			
Fees	0.00			

	THIS STATEMENT PERIOD	YEAR TO DATE
TOTAL FEES FOR PAID OVERDRAFTS	0.00	0.00
TOTAL FEES FOR RETURNED ITEMS UNPAID	0.00	0.00

Premium Checking

Period: 12/01/23-12/31/23

PREVIOUS BALANCE: **\$4,147.48**

Post Date	Description	Deposits	Withdrawals	Balance
12/04	External Deposit PERSHING - BROKERAGE	288.76		4,436.24
12/04	External Withdrawal CAPITAL ONE, NA - ONLINE PMT		2,500.00	1,936.24
12/04	External Withdrawal ASSOCIATED MGNT - ONLINE PMT		475.00	1,461.24
12/04	External Withdrawal ASSOCIATED MGNT - ONLINE PMT		48.32	1,412.92