

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 06/11/2024

General Information

Name: Ms Iris A Siple

PID 96800

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 04/03/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Pembroke Pines	Mayor And City Commission	City Commissioner

Net Worth

My Net Worth as of April 3, 2024 was \$ 1,850,005.07.

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 \$ 177,100.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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Description of Asset	Value of Asset
Home 1340 NW 161 Ave Pembroke Pines FL 33028	\$ 700,000.00
Lakehouse 213 Sandy Run Dr Sparta GA 31087	\$ 810,000.00
Antique Grandfather Clock	\$ 1,200.00
Jetski	\$ 5,000.00
Pontoon Boat	\$ 17,000.00
City of Pembroke Pines Pension	\$ 62,891.32
Cash & Equivalent FDIC Insured	\$ 165,670.00
Citi Group Global Bond	\$ 29,581.00
Citi Group Global Bond	\$ 25,725.00
Prospect Capital Corp	\$ 12,817.00
GSPRC	\$ 11,740.00
Citi Group Global Bond	\$ 9,930.00
XOM	\$ 6,330.00
KO	\$ 3,560.00
MM Regions Cetera	\$ 14,335.00
XOM	\$ 4,525.00
PEP	\$ 2,655.00
KO	\$ 2,545.00
AEP	\$ 2,480.00
UNP	\$ 1,830.00
NOVA	\$ 10,200.00
Savings Truist Bank	\$ 5,000.00
Checking Truist	\$ 4,500.00
Bank of America Checking/Savings	\$ 7,300.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union	15740 Pines Blvd Pembroke Pines, FL 33028	\$ 19,100.00
Wells Fargo Home Mortgage	PO Box 105647 Atlanta GA 30348-5647	\$ 180,000.00
Wells Fargo Card Services	PO Box 77053 Minneapolis MN 55480-7753	\$ 6,000.00
BOA Card Services	PO Box 15204 Wilmington DE 19850	\$ 13,000.00
Truist Card Services	PO Box Wilson NC 27894-0400	\$ 11,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
City of Pembroke Pines, FL	601 City Center Way Pembroke Pines, FL 33026	\$ 39,743.00
Social Security Administration	2100 M Street NW Washington DC 20037	\$ 27,612.00
Social Security Administration	2100 M Street NW Washington DC 20037	\$ 31,852.75
FRS	3189 S Blair Stone Road Tallahassee, FL 32301	\$ 10,500.00
FRS	3189 S Blair Stone Road Tallahassee, FL 32301	\$ 52,583.00

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

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

Iris A Siple

Digitally signed: 06/11/2024

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