

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/15/2024

General Information

Name: Mr Glenton Gilzean Jr

PID 247520

AGENCY INFORMATION

Organization	Suborganization	Title
Central Florida Tourism Oversight District	Employees	
Orange County	Elected Constitutional Officer	Supervisor Of Elections

Net Worth

My Net Worth as of December 31, 2023 was \$ 725,131.00.

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 \$ 11,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2314 Pesaro circle - personal home	\$ 625,000.00
cash in bank - checking /saving Charles Schwab	\$ 28,114.00
Investment in Common Stock - Charles Schwab	\$ 177,904.00
401K investment - Charles Schwab	\$ 241,347.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Home Mortgage - Mr Cooper	2314 Pesaro Circle Ocoee FL 34761	\$ 262,990.00
McCOY FEDERAL CREDIT UNION	2314 Pesaro Circle Ocoee FL 34761	\$ 95,244.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **FOSTER S LOVETT CPA** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

FOSTER S LOVETT CPA

Digitally signed: 08/14/2024

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.

Glenton Gilzean Jr

Digitally signed: 08/15/2024

Filed with COE: 08/15/2024

a Employee's SSN		b Employer identification number (EIN) 81-2933473			OMB No. 1545-0008	
c Employer's name, address, and ZIP code TOP OF THE CLASS 2804 BELCO DRIVE ORLANDO FL 32808		1 Wgs, tips, other compn 26666.68	2 Fed inc tax withheld 3916.00	3 Social security wages 26666.68		
		4 SS tax withheld 1653.33	5 Medicare wages & tips 26666.68	6 Medicare tax withheld 386.67		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code GILZEAN 2314 PESARO CIRCLE OCOEE FL 34761		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	14 Other	12b		
				12c		
				12d		
15 State	Employer's state ID number	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

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/19/23 QBDT

Department of the Treasury — IRS

a Employee's SSN		b Employer identification number (EIN) 81-2933473			OMB No. 1545-0008	
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Form **W-2**
Wage and Tax Statement
2023

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/19/23 QBDT

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c Employer's name, address, and ZIP code TOP OF THE CLASS 2804 BELCO DRIVE ORLANDO FL 32808		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
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Form **W-2**
Wage and Tax Statement
2023

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 12/19/23 QBDT

a Employee's social security number 2378		OMB No. 1545-0008	
b Employer identification number (EIN) 591223432		1 Wage, tips, other compensation 257627.04	2 Federal income tax withheld 50143.34
c Employer's name, address, and ZIP code CENTRAL FLORIDA TOURISM OVERSIGHT DISTRICT P.O. BOX 10170 LAKE BUENA VISTA FL 32830		3 Social security wages 160200.00	4 Social security tax withheld 9932.40
		5 Medicare wages and tips 269760.14	6 Medicare tax withheld 4539.36
		7 Social security tips	8 Allocated tips
d Control Number 2157		9	10 Dependent care benefits
e Employee's first name and initial GLENTON G		Last name GILZEAN	Suff. JR
2314 PESARO CIRCLE OCOEE FL 34761		11 Nonqualified plans	12a See instructions for box 12 C 342.54
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b G 4610.00
		14 Other	12c DD 14258.65
			12d
f Employee's address and ZIP code		15 State Employer's state ID number	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
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2023

Department of the Treasury—Internal Revenue Service

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Department of the Treasury—Internal Revenue Service