General Information

Name: DISCLOSURE FILER

Address: SAMPLE ADDRESS PID SAMPLE

County: SAMPLE COUNTY

AGENCY INFORMATION

Organization	Suborganization	Title
SAMPLE	SAMPLE	SAMPLÉ

Net Worth

My Net Worth as of December 31, 2025 was \$ [AMOUNT].

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.

The aggregate value of my household goods and personal effect is N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset

Liabilities						
LIABILITIES IN EXCESS OF \$1,000	D:					
Name of Creditor	Address of Creditor		Amount of Liability			
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:						
Name of Creditor	Address of Creditor		Amount of Liability			
		A				
			<u> </u>			
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 2024 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 2025 federal income tax return and all W2s, schedules, and attachments.						
PRIMARY SOURCES OF INCOME						
Name of Source of Income Exc	Name of Source of Income Exceeding \$1,000 Address of Source of Income Amount					
SECONDARY SOURCES OF INCO	ME (Major customers, clients, et	c. of businesses owned by repor	ting person):			
Name of Business Entity	Name of Major Sources of Business Income	Address of Source	Principal Business Activity of Source			

Interests in Specified Businesses
Business Entity # 1
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.
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.
Digitally signed:
Filed with COE: