FORM 6 FULL AND PUBLIC DISCLOSURE		2019		
Please print or type your name, mailing address, agency name, and position below:	ESTS FOR	OFFICE USE ONLY:		
LASTINAME - FIRST NAME - MIDDLE NAME:	•	67 64 70		
MAILING ADDRESS: 52/2 NW 37TH DRIVE		2020 JUN 08 PM12:1		
CITY: ZIP: COUNTY: Gainesville 32605 Alachua		202		
NAME OF AGENCY: A COUNTY				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
CHECK IF THIS IS A FILING BY A CANDIDATE				
PART A NET WORTH  Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]  My net worth as of				
PART B ASSETS				
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  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 effects (described above) is \$  ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:				
DESCRIPTION OF ASSET (specific description is required - see instruction)  HOWESTEEN TO A SOURCE AND A SOURCE	ops p.4)	# 145, CCO		
H010	8 1	# 13,000		
CLOCK INSUISHIVE		# 130,000 # 99.500		
DADT C LIADILITIES		7		
PART C LIABILITIES  LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):				
NAME AND ADDRESS OF CREDITOR	/	AMOUNT OF LIABILITY		
DULIANCE CREDIT UNION		\$ 8.500		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		

		PART D -	- 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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]							
PRIMARY SOURCES OF INCO	ME (See instructions on pa	age 5):					
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000	4-14-	ADDRESS OF SOUR	RCE OF INCOME	AMOUNT		
HOUS OUT	ekvjeur	5/0/	1. MHINO	1. SUIL	34,430		
OF FLECTIONS CANESILLE							
SECONDARY SOURCES OF IN	ICOME [Major customers, cli	ients, etc., of bu	usinesses owned by re	porting personsee	instructions on page 5]:		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS			RESS DURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
DOGINE COS EIVITT	OF BOOKEGO	INOOME	0, 00	JORGE	ACTIVITY OF SOCIACE		
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]							
NAME OF	BUSINESS ENTITY	#1	BUSINESS ENTI	TY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	I .	-					
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD							
I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS  NATURE OF MY	/		<del></del>				
OWNERSHIP INTEREST				d			
		PART F - '	TRAINING				
3_/	rs required to complete						
LX I	CERTIFY THAT I H	AVE COM	PLETED THE R	EQUIRED TR	AINING.		
OA	TH	STATE	OF FLORIDA	achua			
I, the person whose name appe	ears at the	Sworn	to (or affirmed) and su				
beginning of this form, do depose on oath or affirmation physical presence or online notarization, this day of							
and say that the information dis	sclosed on this form	N	lay 2	0 <u></u> by <u>kiv</u>	n A. Barton		
and any attachments hereto is	true, accurate,	T		Die			
and complete. (Signature of Notary PublicState of Florida)							
1-01				YVETTE	CARRERAS		
An I FA	2UMD	(Print,	Type, or Stamp Comm	Assimple Hameutin	do‱pePoblicorida on # GG 953846		
Man a 10	0001	Person	ally Known	ORMPROME	រថា ទាស់ម្ដែនមិន ខេត្ត		
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE		f Identification Produc	A STATE OF THE PARTY AND A STATE OF THE PARTY	ry 02, 2024		
				2			
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,, 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.							
Signature	Α				Date		
<del>-</del>		nes not relie	eve the filer of the	responsibility to			
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.  IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
AL ANTE OF TAILIDA	THE COURT BUTTER		OT IN DESTRUCTION	CARRIER OF A BURNEY	OF CHECK HERE		