

ASSETS

Pembroke House:457 S. Main. Pembroke. Ky (2story home/barn:2 acres \$140,000

HighSpringHome:168HardinCt.HighSpringsFU17-78-ISDoublewide:1.09 acres \$37,795

Lake Santa Fe House/30outbuildings lot 8 of blk 1 Santa Fe Shores1380 5th Ave SE: Melrose Fl. \$294,522

Gestalt Center:1505 NW16th Ave.Gainesville.FL Business/Residential Office \$202,810

Preservation 1898 Bank Bldg:226 S.Main.Pembroke,Ky 20%owner \$37,500/7,500.

Homestead240SNW48thTerrace.Gainesville, Fl1/2owner\$175,000/87,500

House 1122 NW 18thAve. Gainesville,FL:2 acres \$122,540

SunTrust Signature Advantage Related Accounts \$5,186 checking

Suntrust Bank Deposit Accounts \$ 421,980. savings

Wells Fargo Portfolio Checking \$2,516.

Wells Fargo crown Classic checking \$5613.

Wells Fargo High Yield Savings \$244,151

Wells Fargo Standard Brokerage \$606,082 Wells FargoAdvisor

Brokerage(\$ 2,516, cash not invested; Trans America life Ins.\$124,334;AXA-Equitable Life Ins. Variable Annuity \$479,231; California Baptist Bond,\$11,050.

Tax Sheltered Annuity Voya Financial PO Box 5050 Minot, ND \$115,957.

PART D

INCOME

Social Security \$21,877. 2041 Martin Luther King Jr Ave SE#130 Washington DC

FRS \$27,093. Florida Division of Retirement. Tallahassee

Alachua County BOCC \$ 82,675. 12 SE 1st St. Gainesville. Fl

Please print or type your name, mailing address, agency name, and position below:

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Wheeler Marihelen Haddock

MAILING ADDRESS:
 2405 NW 48th Terrance

CITY: ZIP: COUNTY:
 Gainesville, FL 32606 Alachua

NAME OF AGENCY:
 Alachua County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Alachua County Commissioner, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 14 AM 09:25

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December, 20 21 was \$ 2,523,257.

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 \$ 62,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Please see attachment	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2021 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See Instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attachment		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF ANACHUA

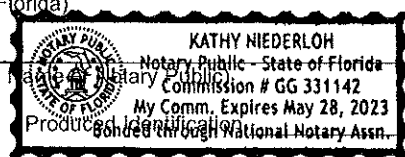
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of

June, 2022 by Marihelen H. Wheeler
Kathy Niederloh
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR

Type of Identification Produced _____



Marihelen H. Wheeler
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Date

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