General Information

Name:

Mr John Cino

Address:

9417 E BEECH CIR, INVERNESS, FL 34450

County:

Citrus

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Special District

Mosquito Control Board - Seat 2, Citrus

Mosquito Control Board Commissioner - Seat 2

County, FL

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity Pest Control Certified Operator/Owner	
Self Employed	9417 East Beech Circle, Inverness, FL 34450		
See Attached			

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
STOCK/MEMBERSHIP INTEREST	CINO BUGS LLC	

Liabilities

LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")

Address of Creditor	
2401 FL-44, INVERNESS, FL 34452	
6241 W CARDINAL ST, HOMOSASSA, FL 34446	
2367 E GULF TO LAKE HWY, INVERNESS, FL 34453	
PO BOX 580229, CHARLOTTE, NC 28258	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")

		_	_
Business	Entity	#	1

N/A

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, **KENNETH DOERR CPA** prepared the CE Form 1 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

KENNETH DOERR CPA

Digitally signed: 05/29/2024

Signature of Filer

John Cino

Digitally signed: 05/29/2024