2023 Form 1 - Statement of Financial Interests

General Information

Name:

Mrs Cherie Lynne Hernandez

Address:

3984 HEATHERBROOK PL, MIDDLEBURG, FL 32068

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position	Agency Name	Position sought or held			
Special District	Armstrong cDD, 1	Seat 1			

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
Ascension Health Ministry	4040 Vincennes Circle Indianapolis, IN, 46268	Registered Nurse

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 In	tangible				Business Entity to Which the Property Relates
N/A			F	-	
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Liabilities

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

Name of Creditor	Address of Creditor	
N/A		E-mail Described in

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

Signature of Filer

Cherie Lynne Hernandez

Digitally signed: 06/13/2024