

OF FINANCIAL INTERESTS

FOR OFFICIAL USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:
 Narverud Elizabeth Anne

MAILING ADDRESS:
 5364 Keysville Ave

CITY: ZIP: COUNTY:
 Spring Hill FL 34608

NAME OF AGENCY:
 Hernando County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Hernando County Commissioner, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -9 PM 2:05

SUPERVISOR OF ELECTIONS
 HERNANDO COUNTY, FL

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 reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 19 was \$ \$764,098.

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 \$ \$125,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Statement Attached	\$956,278
	3

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Statement Attached	\$192,180

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 INCOME (See instructions on page 5):

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Turnkey, LLC		
ADDRESS OF BUSINESS ENTITY	Spring Hill, FL		
PRINCIPAL BUSINESS ACTIVITY	Healthy Vending		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Partner		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

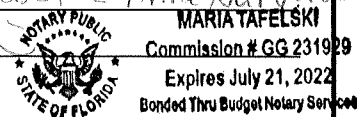
OATH

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 Hernando

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9th day of

June, 2020 by Elizabeth Anne Narverud
Maria Tafelski
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification FL DL

Type of Identification Produced FL DL

Elizabeth Anne Narverud
 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

Current Assets

FRS 2030 Retirement Fund	\$20,344	
IRA New Economy Fund	\$16,461	
IRA American Fund	\$49,638	
Life Insurance Cash Value	\$14,000	
Chase Checking	\$2,992	
Regions Bank	\$1,718	
Capital City	\$1,125	
FL Prepaid College Plan	\$25,000	
Total Current Assets		\$131,278

Personal Assets

Automobiles	\$25,000	
Household Items	\$100,000	
Residence		
5364 Keysville Ave		
Spring Hill, FL 34608	\$220,000	
Total Personal Assets		\$345,000

Investments

PA Mineral Rights	\$55,000	
Vending Machines	\$50,000	
DunRite Gaming	\$25,000	
Total Investments		\$130,000

Real Estate Investments

Time Share -Marriott Corp	\$40,000	
Pennsylvania Property	\$60,000	
Commercial Property		
13081 Spring Hill Dr		
Spring Hill, FL 34609	\$250,000	
Total Real Estate Investments		\$350,000

TOTAL ASSETS

\$956,278

Long Term Liability

MTG Payable		
Rocket Mortgage	\$84,200	
MTG Payable Commercial Property		
Capital City Bank	\$101,000	
Capital One Credit Card	\$4,221	
Chase Visa Card	\$2,759	
	<u> </u>	
Total Long Term Liabilities		\$192,180

Net Worth

	\$764,098	
	<u> </u>	
Total Net Worth		\$764,098
TOTAL LIABILITY & NET WORTH		<u><u>\$956,278</u></u>

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial MARTIN	P	Last name NARVERUD	Your social security number XXX-XX-XXXX
If joint return, spouse's first name and middle initial ELIZABETH	A	Last name NARVERUD	Spouse's social security number XXX-XX-XXXX
Home address (number and street). If you have a P.O. box, see instructions. 5364 KEYSVILLE AVENUE		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SPRING HILL FL 34608			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien
 Someone can claim: You as a dependent Your spouse as a dependent

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ZACHARY	NARVERUD	XXX-XX-XXXX	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GABRIELLE	NARVERUD	XXX-XX-XXXX	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	44,937
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
b	Taxable amount	5b	0
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	-9,056
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	35,881
8a	Adjustments to income from Schedule 1, line 22	8a	2,250
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	33,631
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	24,400
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	9,231

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
HTA

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	923	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	923	
13a	Child tax credit or credit for other dependents	13a	608	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	923	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16	Add lines 14 and 15. This is your total tax	16	0	
17	Federal income tax withheld from Forms W-2 and 1099	17	2,680	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a	2,784	
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	2,784	
19	Add lines 17 and 18e. These are your total payments	19	5,464	

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** 20 5,464

21a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here 21a 5,464

▶ b Routing number XXXXXXXXXX ▶ c Type Checking Savings

▶ d Account number XXXXXXXXXXXXXXXXXXXX

22 Amount of line 20 you want **applied to your 2020 estimated tax** 22

Amount You Owe

23 **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

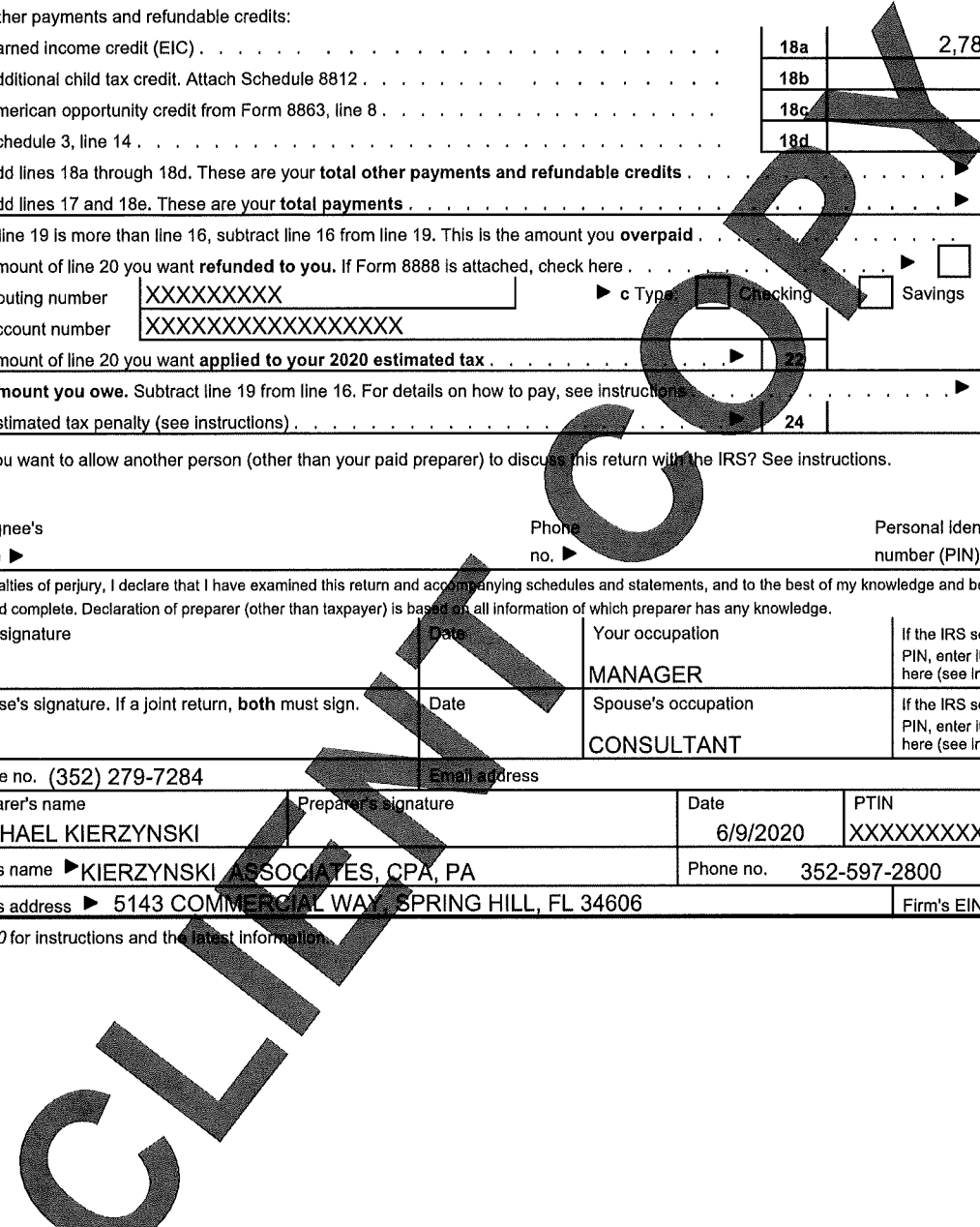
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
MANAGER			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
CONSULTANT			

Phone no. (352) 279-7284 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MICHAEL KIERZYNSKI		6/9/2020	XXXXXXXXXX	<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name ▶ KIERZYNSKI ASSOCIATES, CPA, PA	Phone no. 352-597-2800	<input type="checkbox"/> Self-employed		
Firm's address ▶ 5143 COMMERCIAL WAY, SPRING HILL, FL 34606	Firm's EIN ▶ XX-XXXXXXX			



I-2 Summary by Payers (W2 (1040))

Payers	F/S	1 Fed Wage	2 Fed Tax	3 SS Wage	4 SS Tax	5 Med Wage	6 Med Tax	7 SS Tips	8 Alloc Tips	10 Dep Care	11 Dist Plan
TURNKEY LLC	F	14,400	1,116	14,400	893	14,400	209	0	0	0	
VILLAGE MOTOR SALES INC	S	14,920	309	15,180	941	15,180	220	0	0	0	
VILLAGE MOTOR SALES INC	S	15,617	1,255	15,986	991	15,986	232	0	0	0	
Total this page		44,937	2,680	45,566	2,825	45,566	661	0	0	0	

Payers	F/S	St 1	16a St Wage	17a State Tax	18a Local Wage	19a Local Tax	St 2	16b St Wage	17b State Tax	18b Local Wage	19b Local Tax
TURNKEY LLC	F	FL	14,400	0	0	0		0	0	0	
VILLAGE MOTOR SALES INC	S	FL	14,920	0	0	0		0	0	0	
VILLAGE MOTOR SALES INC	S	FL	15,617	0	0	0		0	0	0	
Total this page			44,937	0	0	0		0	0	0	

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