

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

RECEIVED
 2022 JUN - 8 PM 3:49
 MANATEE COUNTY
 SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:

Bearden Jason Wade

MAILING ADDRESS:

2925 Desert Plain Cv

CITY:

Lakewood Ranch

ZIP:

34211

COUNTY:

Manatee

NAME OF AGENCY:

Manatee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner - District 6

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, 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 June 6th, 20 22 was \$ 614,000.

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 \$ 80,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Estate MKTG Pro LLC ; Real Biz Solution LLC	150,000
Residence: 2925 Desert Plain CV, Lakewood Ranch, FL 34211	830,000
Auto: Toyota Rav 4 ; Infiniti QX 60 2020	30,000
Cash on Hand	20,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage: The Ferederal Savings Bank; 1 Corporate Dr Suite 360 Lake Zurich, IL 60047	464,000
Auto Loans: Infiniti Finance; POB 660366 Dallas, TX 75266 ; SETOYTA PO Box 91614 Mobile, AL 33391	50,000
Credit Card: SYNCB PO Box 965005 Orlando, FL 32896	2,000

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 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 2020 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
Real Estate MKTG Pro LLC	2925 Desert Plain CV, Lakewood Ranch, FL 34211	14,000
Real Biz Solution LLC	2925 Desert Plain CV, Lakewood Ranch, FL 34211	31,000

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	Real Estate MKTG Pro LLC	Real Biz Solution LLC	
ADDRESS OF BUSINESS ENTITY	2925 Desert Plain CV, Lakewood Ranch, FL 34211	2925 Desert Plain CV, Lakewood Ranch, FL 34211	
PRINCIPAL BUSINESS ACTIVITY	Real Estate Marketing	Digital Marketing	
POSITION HELD WITH ENTITY	President	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

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

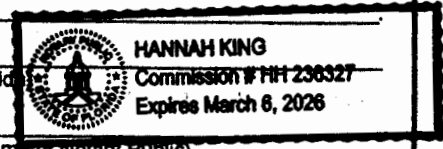
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Manatee
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 8th day of

June, 2022 by

H. King
 (Signature of Notary Public—State of Florida)

Hannah King
 (Print, Type, or Stamp Commissioned Name or Notary Public)



Personally Known _____ OR Produced Identification
 Type of Identification Produced Driver's License

[Signature]
 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