

2023 Form 1 - Statement of Financial Interests

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Filed with COE: 06/05/2024

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

General Information

Name: Mr John Z Griesi
Address: 12132 US 301 North, Parrish, FL 34219 PID 287582
County: Manatee

AGENCY INFORMATION

Organization	Suborganization	Title
Parrish Fire District	Board of Commissioners	Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	Parrish Fire District	Parrish Fire District Fire Commissioner Seat 4

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
State of New Jersey Teachers Pension and Annuity Fund	PO Box 295 Trenton NJ 08625-0295	Pension
Social Security Admin	PO Box 67610 Wilkes-Barre PA 18767-7660	SS

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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
N/A	

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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	

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

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

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