

2024 MAY 29 PM 12:43

**General Information**MANATEE COUNTY  
SUPERVISOR OF ELECTIONS

Name: Mr Steven H Peters

Address: 6946 Brier Creek Ct, Lakewood Rch, FL 34202

PID 286590

County: Manatee

**AGENCY INFORMATION**

Organization

Suborganization

Title

Lakewood Ranch Community Development  
District 5

Board of Supervisors

**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
Social Security Administration	PO Box 67620 Wilkes Barre, PA 18767	Administrator of Social Security Benefits
The United States Life Insurance Company	2727-A Allen Parkway Houston, Tx 77019	Retirement Funds Management and Distribution
The Northern Trust Company	PO Box 830943 Birmingham, Al 5283	Retirement Benefit Services
Protective Life and Annuity	PO Box 2606 Birmingham Al. 35202 Retirement Be	Retirement Distribution Services
Fidelity Investments -- Required Minium Distribution of IRA Account	PO Box 28019 Albuquerque NM 87125	Investments

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**Secondary Sources of Income**

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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
Bank Accounts	Wells Fargo ---Traditional Savings and Checking Accounts

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**Liabilities**

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LIABILITIES (Major debts valued over \$10,000):

(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
Bank of America	PO Box 31785 Tampa, FL 33631
Lexus Financial Services	PO BOX 4102 CAROL STREAM, IL 60197-4102

**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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**Steven H Peters**

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