

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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

OF FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Liebnitzky Wayne

MAILING ADDRESS:

3225 Cord Ave

CITY :

ZIP :

COUNTY :

St Cloud

FL

34772

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Osceola County Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

OSC SOE JUN8'2013:19

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 \$ 1,443,200.

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 \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

3225 Cord Ave St Cloud, FL 34772	\$ 308,000
'18 Ford F250	\$ 46,000
'14 Hyundai	\$ 10,000
Monkey Tool Buisness	\$ 550,000

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Bank of America Cord Ave Mortgage	\$ 22,000
TD Bank ford 250	\$ 37,000
MAC Tool Credit Lines	\$ 35000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See additional sheet	

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
UP Systems of Florida Corp.	4260 114th ter. North Clearwater FL 33762	\$ 45,348.33
Orlando Health	1414 Kuhl Ave Orlando, FL 32806	\$ 78,175.04

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
Monkey Tools llc	MAC Tool Franchise	3225 Cord Ave	Consumers
Pop-UP-Painting	Bob Ross Classes	3225 Cord Ave	Consumers

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Monkey Tools	Pop-Up-Painting	
ADDRESS OF BUSINESS ENTITY	3225 Cord Ave	3225 Cord Ave	
PRINCIPAL BUSINESS ACTIVITY	Franchise Tool Buisness	Bob Ross Paint Instructor	
POSITION HELD WITH ENTITY	Owner	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner	

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 Osceola

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 2 day of

June, 20 20 by Wayne Liebnitzky
Catherine
(Signature of Notary Public—State of Florida)

CAITLINA GERMAINE
(Print Name of State Commissioned Notary Public)
EXPIRES: April 12, 2021
Personally Known ☒ Produced Identification ☒
Type of Identification Produced [REDACTED]

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 ☐

<u>ASSETS</u>	
401 K Savings #1	\$86,000
401 K Savings #2	\$24,000
401 K Savings #3	\$11,500
401k Savings #4	\$51,200
Bank Savings #1	\$52,000
Bank Savings #2	\$4,000
Bank Savings #3	\$4,000
18 Camper	\$28,500
Sub-total	\$261,200
From Page 1	\$914,000
Total	\$1,175,200
<u>LIABILITIES</u>	
18 CAMPER	\$23,000
Sub-Total	\$23,000
FromPage 1	\$95,000
Total	\$118,000
assets - liabilities	\$1,293,200
house hold goods and personal effects	\$150,000
net worth	\$1,443,200