

**FORM 6****FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS****2019**Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

OSC SOE JUN8'2012:03

LAST NAME — FIRST NAME — MIDDLE NAME:  
Lorenzo JossueMAILING ADDRESS:  
701 E Magnolia StCITY : ZIP : COUNTY :  
Kissimmee 34744 OsceolaNAME OF AGENCY :  
Osceola CountyNAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Clerk of the Circuit CourtCHECK IF THIS IS A FILING BY A CANDIDATE ☒**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 June 07, 20 20 was \$ 192,804.**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 \$ 3,500.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2018 Jeep Wrangler Rubicon	\$50,000
701 E Magnolia St Kissimmee, FL 34744	\$225,000
E*TRADE Investment account ( stock "DFS")	\$15,821
ICMA RC Deferred Comp	\$44,907

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
AmeriHome Mortgage P.O. Box 77404 Ewing, NJ 08628	\$99,933
Sheffield Financial P.O. Box 580229 Charlotte, NC 28258	\$20,928

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**FORM 6****FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS****2019**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Lorenzo Jossue

MAILING ADDRESS:

701 E Magnolia St

CITY :

Kissimmee

ZIP :

34744

COUNTY :

Osceola

NAME OF AGENCY :

Osceola County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Clerk of the Circuit Court

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, 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 June 07, 20 20 was \$ 192,804.**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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The aggregate value of my household goods and personal effects (described above) is \$ 3,500.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Chase Savings Account	\$2635
Addition Financial Checking/Savings	\$3863
Accorns Checking/Investing Account	\$9545

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**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
Osceola County Sheriffs Department	2601 E Hwy 192, Kissimmee, FL 34744	\$63,208

**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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**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 Orange

Sworn to (or affirmed) and subscribed before me by means of  
☒ physical presence or ☐ online notarization, this 8 day of

June, 2020 by Josue Lorenzo

Reva George  
(Signature of Notary Public, State of Florida)

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



REVA GEORGE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG198970  
Expires 4/21/2022

Personally Known \_\_\_\_\_ OR Produced Identification X

Type of Identification Produced FLD # [REDACTED]

[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** ☐