

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Cortes John

MAILING ADDRESS:
216 Old Mill Circle
Kissimmee Fl. 34746-6060 Osceola

CITY : ZIP : COUNTY :
Kissimmee 34746-6060 Osceola

NAME OF AGENCY :
Osceola County Clerk Of Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Clerk Of Court Of Osceola

CHECK IF THIS IS A FILING BY A CANDIDATE

OSC SOE JUN8'2012:55

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 5th, 2020 was \$ 100,000.00

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 \$ 40,225.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home	225,000.00
State Of Florida FRS 401k 15,667.62 / SWBG LLC 401k 5,919.00	21,586.00
Axis/ Prudential 87,518.00	87,518.00
State Of Florida Deferred Compensation Plan	27,769.65

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Dividend Solar Finance 433California St. Ste. 300 San Francisco, CA 94104	33,559.00
Citicards CBNA P.B. Box 9001037 / Capital One Bank P.O.Box 71083 Charlotte, NC 28272	6829.00 / 1,604.00
Barclays Bank Delaware 125 South West St. Wilmington, DE 19801	1,398.00
Lending Club Corp. 595 Market St. Ste.200 San Francisco CA 94105	19,382.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Kia Finance P.O.Box 20825 Fountain Valley, CA 92728	35,083.00
53rd Bank Mortgage 221 East.Fourth St. Cincinnati , OH 45202	96,892.00

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
NA		
NA		

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
NA			
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
ADDRESS OF BUSINESS ENTITY	NA		
PRINCIPAL BUSINESS ACTIVITY	NA		
POSITION HELD WITH ENTITY	NA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA		
NATURE OF MY OWNERSHIP INTEREST	NA		

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.

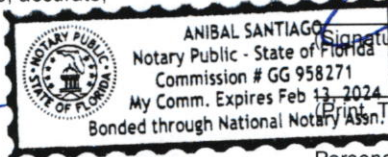
OATH

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 5 day of

June, 2020 by _____

[Signature]
 Signature of Notary Public--State of Florida



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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification _____

Type of Identification Produced _____

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