FORM 6 FULL AND PUBLIC DISCLOSURE	2021
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:	
ESPINOSA, JACKIE	FOOT THE ENOUGH OF THE
MAILING ADDRESS: 2800 SWOOP CIRCLE	SOE JUN15'2216:49
2800 SWOOP CIRCLE	
CITY: ZIP: COUNTY:	
KISSIMMEE 34741 OSCEOLA	
NAME OF AGENCY: OSCEOLA BOARD OF COUNTY COMMISSIONERS	A CONTRACTOR OF THE CONTRACTOR
NAME OF OFFICE OR POSITION HELD OR SOUGHT: COUNTY COMMISSIONER DISTRICT 4	
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, 2021 or a more current date. culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the	
My net worth as of $\underline{\text{JUNE } 15}$ , 20 $\underline{\text{22}}$ was \$ $\underline{\text{7,536,000}}$	·
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, following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	000. This category includes any of the art objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is \$	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	The state of the state of
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED FINANCIAL STATEMENT	
tolven in the control of the control	
2 months of the second	
Note to the Commission of Section 1	
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED FINANCIAL STATEMENT	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  NAME AND ADDRESS OF CREDITOR	I AMOUNT OF LIABILITY
SEE ATTACHED FINANCIAL STATEMENT	

			PART D -	- INCOME		
Identify each separate source a copy of your 2021 federal incor attaching your returns, as the la	ne ta	x return, including all W2s	s, schedules, a	and attachments. Please redact	condary sour ct any social	rces of income. Or attach a complete security or account numbers before
				2's, schedules, and attachmen need not complete the remai		D.]
PRIMARY SOURCES OF INCO	OME	(See instructions on page	ge 5):			
NAME OF SOURCE OF INC				ADDRESS OF SOURCE OF	INCOME	AMOUNT
See Attached Financial	Stat	ement				
SECONDARY SOURCES OF I	NCO	ME [Major customers, clie	ents, etc., of bu	usinesses owned by reporting	personsee	instructions on page 5]:
NAME OF BUSINESS ENTITY		NAME OF MAJOR OF BUSINESS'		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attached					- 0	
Financial Statement						
	PAR'	T E - INTERESTS IN	SPECIFIE	D BUSINESSES [Instruc	tions on pa	age 6]
		BUSINESS ENTITY #	1	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Se	e Attached Fina	ncial			
ADDRESS OF BUSINESS ENTITY	Sta	atement		0.00	4	
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST				21.77		
			PART F -	TRAINING		
This section applies only to	offic	cers required to comple			ction 112.3	142, F.S. [See instructions p. 6]
<b>□</b>				PLETED THE REQU		
0		YTT	STATE	OF FLORIDA		
O <sub>A</sub>	AI	H		TY OF OSCED		
I, the person whose name app				to (or affirmed) and subscribe vsical presence or $\square$ online		
beginning of this form, do dep and say that the information d			<b>44</b>		by Fac	
and any attachments hereto is				June ,20/2	by the	***************************************
and complete.			(Signa	ture of Notary Public State o	f Floriste)	Notary Public State of Florida
0			(Olgilo		8:X	Cryilia Gonzalez  My Commission GG 985220
			(Print,	Type, or Stamp Commissione	ed Name of	Notary Public
ST HO			Persor	nally KnownO	R Produce	ed Identification
SIGNATURE OF REPORTING	G OF	FICIAL OR CANDIDATE	Type o	of Identification Produced	driver	license
						OA ENGLISHED TO STATE OF THE SECOND STATE OF T
If a certified public accountar she must complete the follow			3, or attorney	y in good standing with the I	Florida Bar	prepared this form for you, he or
I	9		. prepared	the CE Form 6 in accordan	ce with Art.	II, Sec. 8, Florida Constitution,
Section 112.3144, Florida Sta and correct.	atute	es, and the instructions to	o the form. U	pon my reasonable knowled	dge and beli	ief, the disclosure herein is true
A Trans. The Art of the		ald a go go as	Acceptance of the second	_		
Signatu		and the second				Date
Preparation of this form	by	a CPA or attorney d	oes not reli	eve the filer of the respo	nsibility t	to sign the form under oath.

## **Personal Financial Statement**

Name	
Eva Jacquelyn Espinosa	
2.40044423112241224	
Residence Address	
2800 Swoop Circle	
Kissimmee, Fl 34741	
resommee, 1131711	
Email Address:	
info@jackieespinosa.com or info@floridamtgpros.com	
Position or Occupation	
Mortgage Broker/Business Owner	
Business Name:	Suite 201
Dublies Humer	120 Broadway
Florida Mortgage Professionals, LLC.	Kissimmee, Fl. 34741
Years with Business	
29 years	
Res. Phone	
(407.963.7710)	

Assets Dollars		Liabilities	Dollars			
Cash, checking, savings		10,000				
Checking/savings		143,000	Primary Residence		210,000	50%
Cash Surrender Value-Life Insurance (Sch	D)	100,000	Investment properties/Commercial prop	erties	1,057,000	
General, corporate/Ltd Partnership Interes	ts (Sch E)	2,250,000				
Retirement Accounts		75,000				
Real Estate – Personal Residences (Sch F)		750,000	and the state of t			
Real Estate – Investments (Sch G)		5,325,000				
Household goods		150,000				
TOTAL ASSETS		8,803,000.00	TOTAL	LIABILITIES	1,267,000.00	
The state of the s	· ~ ?		NET WORTH (total assets minus to	otal liabilities)	7,536,000.00	
Section 4 – Income Statement						
Annual Income	Applic	cant	Annual Expenses			
Salary	5,000 mont	thly	Home Mortgage (Principal & Interest)	2,908		
Real Estate Passive income	20,715.00		Loan Payments (including other R/E)	2,066		
			Income Tax (State & Federal)			
			Planned or Required Investments/ Partnership Contributions			
			General Living Expenses			
		Train Laboratory	Other Expenses (list):			
			120 Broadway Mtg commercial	3255		
	25,715		All these numbers are monthly	8,229	14 7	
All these numbers are monthly	23,/13		The three reality and the second			



Section 5 – Contingent Liabilities (include brief description)	
Are you an endorser or guarantor on other notes/leases/contracts (If YES, Include on Schedule G): N/A	
On letters of credit: N/A	
Current or pending suits or other litigation: N/A	

Schedule A: Cash & Sl	nort-term Invest	ments (certifica	tes of deposit, commercial pape	er, money market	funds, etc.)
Name of Institution	Savings Accts. (\$ amount)	Checking Accts. (\$ amount)			
SouthState Bank	\$38,0000	105,000			
Cash on Hand			\$10,000		

Schedule B: Liste	d Stocks & Bonds (include U.S. Government	and Marketable Securitie	es traded on stock exc	hange)
Number of Shares or Face Value (Bonds)	Description			
\$75,000	Edward Jones			

Name of Insurance Company	Owner of Policy		Beneficiary	Face Value			
WFG – Prime	Jackie Espinosa	Jorge	Espinosa	100,000.00			
Schedule E: General, Con	rporate and/or Li	mited Pa	rtnership Int	erests			
Name of Corporation	Type of Investment	Sub S	Value owned	fair Market Value of Interest	Value owned	Pledged? (Y/N)	% owned
Florida Mortgage Pros LLC 120 Broadway Suite 201 Kissimmee, Fl. 34741	LLC – Mortgage School/Finance Co.	Yes	100%	200,000.00	200,000.00	N	100
Adanse LLC dba Chandeliers Ballroom and Event Center 17-19 Broadway Kissimmee, Fl. 34741	LLC. Production Company	Yes	100%	550,000.00	550,000.00	N	100
Kissimmee Diner dba Matadors Tacos and Tapas Bar 120 Broadway, Suite 101-103 Kissimmee, Fl. 34741	LLC Restaurant	Yes	50%	1,500,000.00	750,000.00	N	50%
TOTAL				\$2,250,000.00	1,500,000.	N	

4 II-14	Maturity		D1	The same and the s			T
ortgage Holder	Date	Title in Name of	Purchase Date	Cost	Present Loan Balance	Monthly Paymt.	Market Value
mebridge	2046	Jorge and Eva J. Espinosa 50/50	03/2016	533,000	390,000	2,908.00	750,000
_		Date	Date  Jorge and Eva J.  2046	Date Date Date  Date Date  Date Date  Date  Date  Date  Date  Date  Date  Date  Date  Date  Date  Date	Date Date  Date  Date  Date  Date  Date  Date	Date Date Balance  Debridge 2046 Jorge and Eva J. 03/2016 533 000 390 000	Date Date Balance Paymt.  Debridge 2046 Jorge and Eva J. 03/2016 533 000 390 000 2 908 00

Schedule G: Real	Estate Inve	stments	Persona	ally Own	ed						
Description/Address of Property	Mortgage Holder	Maturity Date	% Owned	Title in Name of	Purchase Date	Cost	Present Loan Balance	Market Value	Total Annual Rental Income	Monthly Loan Payment	
Oakhurst Circle	n/a	n/a	50/50	Jorge and Eva J. Espinosa	August 2018	100,000	0	195,000	0	0	
120 Broadway Kissimmee Fl 34741	South State	2035	50/50	Jorge and Eva J. Espinosa	April 2004	975,000	485,000	2,850,000	177,600	3,255	50 %



17-19 Broadway Kissimmee, Fl. 34741	n/a	n/a	50/50	Jorge and Eva J. Espinosa Espinosa Family Trust	June, 2017	425,000	0	1,600,000	36,000	0
715 Portage Street Kissimmee, Fl. 34741	HomeBridge	2051	50/50	Jorge and Eva J. Espinosa	Nov. 2021	240,000	188,000	275,000	20,400	1,098
136 Juarez Drive Kissimmee, Fl. 34741	HomeBridge	2051	50/50	Jorge and Eva J. Espinosa	May, 2021	198,000	146,000	285,000	18,000	968
1009 Spring Meadows Kissimmee, Fl. 34741	n/a	n/a	33/33/33	Jorge and Eva J. Espinosa and Jailene Espinosa	June 2022	80,000	0	120,000	14,400	0
Totals: INVESTMENT ONLY						2,018,000	1,057,00	5,325,000	248,580 / 12 months \$20,715	7,783