

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:

Grieb Cheryl Lynn

OSC SOE JUN14'22 14:22

MAILING ADDRESS:

612 Lakeshore Blvd

CITY : ZIP : COUNTY :

Kissimmee 34744 Osceola

NAME OF AGENCY :

Osceola County/FL PACE Funding Agency

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Osceola County Commissioner, Dist 4/Board Member

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. [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 21 was \$ 2,654,859.00.

**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 \$ \_\_\_\_\_

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED PERSONAL FINANCIAL STATEMENT	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED PERSONAL FINANCIAL STATEMENT	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED PERSONAL FINANCIAL STATEMENT	

**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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2020 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

**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**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

**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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

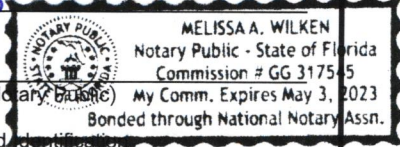
COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 13<sup>th</sup> day of

June, 2022 by CHERYL GRIER

Melissa A. Wilken  
 (Signature of Notary Public--State of Florida)

Melissa A. Wilken  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



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**

# BB&T

Branch Banking and Trust Company

## PERSONAL FINANCIAL STATEMENT

AS OF: December 31, 2021

TO: Branch Banking and Trust Company

Name: Cheryl L. Grieb Date of Birth 06/04/67

Address: 612 Lakeshore Blvd., Kissimmee, FL 34744 Social Security No. [REDACTED]

CSZ [REDACTED] Residence Phone [REDACTED]

Position or Occupation  Realtor/ County Commissioner, District 4 Nov. 2014 to present

Business Name Olde Kissimmee Realty, Inc. / Osceola County

Business Address 11 N Vernon Ave/ 1 Courthouse Square, Kissimmee Business Phone 407-944-4822

CSZ \_\_\_\_\_

This is a(n) check box  Individual financial Statement.  Joint financial statement with spouse. If Joint, complete the following:

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Position or Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

CSZ \_\_\_\_\_

**YOU MAY APPLY FOR CREDIT INDIVIDUALLY OR JOINTLY WITH ANOTHER PARTY**

If you are applying for joint credit with another party (other than your spouse), the joint application must complete a separate financial statement  
 Reflect in this statement your personal financial condition as well as the financial condition of your spouse if:  
 1. You are applying for credit jointly with your spouse, or  
 2. You are relying on your spouse's income or assets in requesting credit, or  
 3. You are providing this statement to support previously extended joint credit with your spouse

\* List all amounts in dollars. Omit Cents

ASSETS	AMOUNT
Deposits in Banks & Other Financial Inst (From Sch 1 pg 2)	\$217,599
Cash Value of Life Insurance (From Sch 2 pg 2)	\$0
Notes and Accounts Receivable	
Marketable Stocks & Bonds (Sch 3 pg 2)	\$151,151
Stocks in Closely Held Corporations (Sch 4 pg 2)	\$145,000
Assets of Proprietorships	
Assets in Partnerships & Joint Ventures	
Vehicles, Boats, Machinery, & Equipment (Sch 5 pg 2)	\$75,500
Wholly Owned Real Estate (Sch 6 pg 2)	\$450,000
Partially Owned Real Estate (Sch 7 pg 3)	\$1,402,500
Vested Interest in Pension/Retirement Accts (Sch 8 pg 3)	\$203,109
Personal Property Furniture etc.	\$10,000

**TOTAL ASSETS** **\$2,654,859**

LIABILITIES AND NET WORTH	AMOUNT
Other Loans Payable (Sch 9 pg 3)	\$0
Loans on Life Insurance (Sch 2 pg 3)	\$0
Taxes Due - Income	
Credit Card or Accounts Payable	
Liabilities of Proprietorships	
Liab of Partnerships/Joint Ventures	
Loans on Vehcl, Boats, Mach, & Equip (Sch 5 pg 2)	\$0
Loans on Wholly Owned Real Estate (Sch 6 pg 3)	\$0
<b>Total Liabilities</b>	<b>\$0</b>

**Net Worth** **\$2,654,859**

**TOTAL LIABILITIES & NET WORTH** **\$2,654,859**

Please complete all appropriate schedules. If space is inadequate, attach an additional sheet.





**BB&T Personal Financial Statement**

Name: Cheryl L. Grieb Date: 12/31/2021

SOURCE OF INCOME	
FOR YEAR ENDED	<u>12/31/20</u>
(Attach a copy of your most recent Income Tax Return and K-1's)	
Salaries - Yours	\$80,684
Salaries - Your spouses, if applicable	
Bonuses & Commissions	\$2,850
Dividends	\$5,733
Interest	\$197
Net Profits from:	
Rental Property	\$6,888
Proprietorships	
Partnerships	\$0
Joint Ventures	\$72,529
Other Income: (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this debt)	\$1,400
<b>TOTAL INCOME</b>	<b>\$170,281</b>

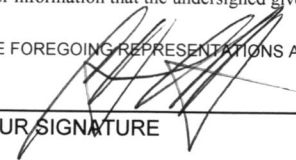
CONTINGENT LIABILITIES	
Are you indirectly liable for obligations of others? <u>no</u>	
If yes, list and describe. If the obligation is for a business or if you need additional space, list and describe on an attachment.	
Name of Borrower	_____
Total Amount Owed	_____
Lender:	_____
Description	_____
Name of Borrower	_____
Total Amount Owed	_____
Lender:	_____
Description	_____
Total Amount as endorser, comaker, or guarantor.	
PERSONAL INFORMATION	
Number of Dependents	<u>0</u> Ages
Are you obligated to pay alimony, child support, or separate maintenance payments? If so, provide details: <u>n/a</u>	
Are you a defendant in any suits or legal actions? If so, describe: <u>n/a</u>	
Have you ever declared bankruptcy or had any judgements recorded against you? If so, explain circumstances. (Please include dates, location, amounts) <u>n/a</u>	
Do you have a will? <u>Yes</u>	
If so, who is the executor?	<u>Patrica L. Daugherty</u>
Do you have disability insurance? <u>No</u>	
If so, what is the monthly amounts?	_____
What years are covered?	_____

**REPRESENTATIONS AND WARRANTIES**

The information contained in this statement is provided to induce Branch Banking and Trust Company ("BB&T") to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that BB&T is relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify BB&T immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its obligations to BB&T. In the absence of such notice or a new full written statement, this should be considered a continuing statement and substantially correct. If the undersigned fail to notify BB&T as required above, or if any information herein should prove to be inaccurate or incomplete in any material respect, BB&T may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. BB&T is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give BB&T any information they may have on the undersigned. Each of the undersigned authorizes BB&T to answer questions about BB&T's credit experience with the undersigned. As long as any obligation or guaranty of the undersigned to BB&T is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give BB&T shall be BB&T's property.

THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING REPRESENTATIONS AND WARRANTIES

4/13/22  
DATE

  
YOUR SIGNATURE

DATE

YOUR SIGNATURE

This statement received by: \_\_\_\_\_

Date \_\_\_\_\_ Branch \_\_\_\_\_

Real Estate Schedule as of Dec 31, 2021

Property	Tenant	Titled in Name of	Year Acquired	Original Cost	Current Market Value	Monthly Rental Income	Current Lien Holder	Current Mortgage Balance	Monthly Mortgage Payment	Lease Expiration
1 908 Mabette	Integrity First Title	Olde Kissimmee Investments, Inc	2000	\$134,500	\$685,000	\$1,350.00	None	\$0		12/31/2014
2 910 Mabette	Silzerlaw	Olde Kissimmee Investments, Inc				\$1,200.00				8/31/2022
3 112 N Clyde	Labadidi Realty Group	Olde Kissimmee Investments, Inc				\$1,200.00				5/31/2019
4 7 N Vernon Avenue	Gina Byrd, CPA	Olde Kissimmee Investments, Inc	2003	\$130,000	\$570,000	\$1,200.00	None	\$0		12/31/2011
5 11 N. Vernon Avenue	Olde Kissimmee Realty/PLD Visit With Grace, Inc	Olde Kissimmee Investments, Inc Olde Kissimmee Investments, Inc				\$1,000.00 \$800.00				10/31/2021
Sub total					\$1,255,000	\$6,750.00		\$0	\$0	
6 815 Hastings	Mario Rodriguez/Ligia Naranjo	Cheryl Grieb and Patricia Daugherty	2017	\$110,000	\$315,000	\$1,500.00	None	\$0		9/30/2020
7 608 Jacaranda	Lonnie Ford	Cheryl Grieb and Patricia Daugherty	2014	\$66,700	\$210,000	\$1,000.00	None	\$0	\$0	
8 Newfound Acres lots 3, 35, 36	Vacant land	Cheryl Grieb and Patricia Daugherty	2005	\$57,000	\$75,000	\$0.00	None	\$0	\$0	
<b>TOTAL</b>				\$498,200	\$1,855,000	\$9,250.00			\$0	
Additional Taxes & Ins.									\$ 2,255.92	
<b>GRAND TOTAL</b>						\$9,250.00			\$ 2,255.92	

NOTES Pertaining to gray highlighted properties: On same parcel ID

9 1015 Newfound Harbor Drive	2nd home	Cheryl Grieb and Patricia Daugherty	2021	\$850,000	\$950,000					
10 612 Lakeshore Blvd	Primary residence	Cheryl Grieb and Patricia Daugherty	2005	\$325,000	\$450,000		CenterState Bank	\$ -		

EXTENSION ATTACHED

Form

1040

Department of the Treasury—Internal Revenue Service (99)  
U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial: CHERYL Last name: GRIEB Your social security number: [REDACTED]

If joint return, spouse's first name and middle initial: PATRICIA Last name: DAUGHERTY Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. 612 LAKESHORE BLVD. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. KISSIMMEE State: FL ZIP code: 34744

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

Standard Deduction Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You:  Were born before January 2, 1957  Are blind Spouse:  Was born before January 2, 1957  Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	80,684
2a	Tax-exempt interest	2a	b Taxable interest	2b 970
3a	Qualified dividends	3a 5,861	b Ordinary dividends	3b 5,972
4a	IRA distributions	4a	b Taxable amount	4b
5a	Pensions and annuities	5a	b Taxable amount	5b
6a	Social security benefits	6a	b Taxable amount	6b
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7	487,285
8	Other income from Schedule 1, line 10		8	145,483
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	720,394
10	Adjustments to income from Schedule 1, line 26		10	4,668
11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	715,726
12a	Standard deduction or itemized deductions (from Schedule A)	12a 25,100		
b	Charitable contributions if you take the standard deduction (see instructions)	12b 600		
c	Add lines 12a and 12b		12c	25,700
13	Qualified business income deduction from Form 8995 or Form 8995-A		13	10,199
14	Add lines 12c and 13		14	35,899
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	679,827



16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	126,751
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	126,751
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	126,751
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	27,033
24	Add lines 22 and 23. This is your <b>total tax</b>	24	153,784
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	16,006
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,006
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	142,000
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	142,000
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	158,006
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,222
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	
b	Routing number		
d	Account number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	3,975
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	247

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

Designee's name: DEBORAH WERNER, CPA Phone: (407) 894-8829 Personal identification number (PIN): 13131

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: [Signature] Date: 6-5-22 Your occupation: REALTOR If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [ ] Spouse's signature: [Signature] Date: 6-5-22 Spouse's occupation: ATTORNEY If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [ ] Phone no.: (407) 944-4822 Email address: CherylGrieb@gmail.com

Paid Preparer Use Only

Preparer's name: DEBORAH WERNER, CPA Preparer's signature: DEBORAH WERNER, CPA Date: 5/26/2022 PTIN: P01083213 Check if:  Self-employed Firm's name: DEBORAH WERNER, CPA Firm's address: 1313 E ROBINSON ST, ORLANDO, FL 32801 Phone no.: (407) 894-8829 Firm's EIN: 59-3174460