

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Labanowski Charles Allen

MAILING ADDRESS:

1748 N Cappero Dr

CITY :

St Augustine

ZIP :

32092

COUNTY :

St Johns

NAME OF AGENCY :

St Johns County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 13 PM 3:45

ST JOHNS COUNTY
VICKY OAKES

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, 2021 was \$ 392,263.87

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 \$ 168,700

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1748 N Cappero Dr, St Augustine, FL 32092	675,500
Knights of Columbus Insurance	19,336.23

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
US Bank, PO Box 790179, St Louis, MO 63179	90,602.71
Freedom Mortgage, PO Box 619063, Dallas, TX 75261	359,713.34

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SallieMae, PO Box 3319, Wilmington, DE 19804	20,956.31

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
Social Security	300 Spring Garden St, Philadelphia, PA	29,046
Turnbull Creek CDD	475 W.Town Pl #114, St Augustine, FL	1,600

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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.

STATE OF FLORIDA
 COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10 day of June, 2022 by Cody Childress *Chuck Labanowski*

(Signature of Notary Public--State of Florida)

CODY CHILDRESS
 NOTARY PUBLIC
 STATE OF FLORIDA
 NO. HH213258
 MY COMMISSION EXPIRES MAR. 05, 2026

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


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification

Type of Identification Produced Driver License

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

Additional Part D - Income

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Veterans Administration	PO Box 1437, St Petersburg, FL	1,831.68