## 2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/13/2024

**General Information** 

Name:

Address:

Shawn Jolly

360 Johns Creek Pkwy, St Augustine, FL 32092

County: Saint Johns

ST JOANS COUNTY VICEN DAKES

8024 JUN 13 HILID: 97

PID 286547

AGENCY INFORMATION

Organization Suborganization Title

Brandy Creek Community Development District Board of Supervisors

**CANDIDATE FOR** 

Position Agency Name Position sought or held

Special District Brandy Creek CDD CHAIR 4

#### **Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

#### **Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity	
904 real estate photography	360 Johns Creek Pkwy	Real Estate Photography	

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#### **Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property	Rea	Pr	op	ertv
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REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

N/A

# **Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Business Entity to Which the Property Relates	
904 real estate photography	

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Liabilities		
LIABILITIES (Major debts valued over (If you have nothing to report, writ		
Name of Creditor	Address of Creditor	
N/A		
, <del>.</del>		
Interests in Specified Bu	sinesses	
INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, wri	SES (Ownership or positions in certain types of bite "none" or "n/a")	ousinesses)
Business Entity # 1		
N/A		
		<del></del>

## **Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

# **Shawn Jolly**

Digitally signed: 06/13/2024

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