

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:
Stevenson Cyndi ID - 99874

MAILING ADDRESS:
PO Box 600726

CITY: ZIP: COUNTY:
St Johns 32260 St Johns

NAME OF AGENCY:
House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Representative - Elected Constitutional Officer

CHECK IF THIS IS A FILING BY A CANDIDATE

PROCESSED

RECEIVED
 DEPARTMENT OF STATE

2020 JUN -2 AM 10:41

DIVISION OF ELECTIONS
 TALLAHASSEE, FL

99874

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 December 31, 20 19 was \$ 2,675,517.

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 \$ 125,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Supplemental Schedule	2,559,215

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Supplemental Schedule	8,698

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

STEVENSON, Cyndi

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):

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Row 1: State of Florida, 200 E. Gaines St., Tallahassee 32399, 25,828 (W-2)

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: See Supplemental Sched

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

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Rows include: NAME OF BUSINESS ENTITY (NONE), 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

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 St Johns Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 29th day of

May, 2020 by Cyndi Stevenson.

(Signature of Notary Public--State of Florida) ANNE MARIE GENUSA LINDSEY Notary Public - State of Florida Commission # FF 064801

(Print, Type, or Stamp Commission of Notary Public) My Comm. Expires Jun 14, 2020 Bonded through National Notary Assn.

Personally Known OR Produced Identification

Type of Identification Produced

Cyndi Stevenson SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Form 6
Full and Public Disclosure of Financial Interests
Supplemental Schedule
Cynthia Stevenson
PO Box 600726
St Johns, Florida 32260

12/31/2019

Part B -- Assets Individually Valued at over \$1000:

Real Property:

148 Cattail Circle, St Johns Primary Residence	362,344
5930 A1A South St. Augustine Creston House unit 12D - condo	237,402
5930 A1A South St. Augustine Creston House Garage Unit 8	16,600
215 W. College Ave, Tallahassee Tallahassee Center unit 905 - condo	208,800
4650 Links Village Dr, Ponce Inlet Harbour Village unit C207 - condo	198,809
3 Oceans West Blvd, Daytona Beach Shores Oceans Cloverleaf unit 4A6 - condo	195,567
1224 S Peninsula Dr, Daytona Beach Pendleton Club unit 210 - condo	SOLD
	<u>1,219,522</u>

Investments:

Individual Retirement Accounts

Florida Retirement System - FRS 2025 Retirement Date Fund	193,364
Wells Fargo Retirement Brokerage - 100% Mutual Funds	253,264

Investment Accounts

Invesco Floating Rate Fund - Class A (Symbol: AFRAX)	108,021
US Savings Bonds Series EE Patriot Bond	60,000
Wells Fargo Brokerage	
Stock - Landstar System, Inc	473,699
Cash Balance	18,187
Wells Fargo Brokerage - 100% Mutual Funds	71,422
Stock - Bank of America	21,202

1,199,159

Cash Accounts:

VyStar Credit Union - St Johns, Florida checking, savings, money market	23,510
VyStar Credit Union - St Johns, Florida checking, money market	117,024

140,534

2,559,215

Part C -- Liabilities in excess of \$1000:

Assorted credit cards

8,698

8,698

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Supplemental Schedule
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St Johns, Florida 32260

12/31/2019

Part D -- Secondary Sources of Income:

<u>Name of Business Entity</u>	<u>Name of Major Source Income</u>	<u>Address of Source</u>	<u>Business Activity</u>
Cloverleaf 4A6, LLC (owns - 3 Oceans West Blvd. unit 4A6)	Florida's Elite Property Services, LLC	PO Box 393 Plymouth, FL 32768	Rental Mgmt
HV Links North C207, LLC (owns - 4650 Links Village Dr. unit C207)	Florida's Elite Property Services, LLC	PO Box 393 Plymouth, FL 32768	Rental Mgmt

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

DEPARTMENT OF STATE

LAST NAME — FIRST NAME — MIDDLE NAME: **Stevenson Cyndi** ID - **99874**

MAILING ADDRESS:
PO Box 600726

CITY: **St Johns** ZIP: **32260** COUNTY: **St Johns**

NAME OF AGENCY:
House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Representative - Elected Constitutional Officer

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -5 PM 1:57

TALMONT, FLORIDA

PROCESSED

99874

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DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
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LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

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See Supplemental Schedule	8,698

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STEVENSON, Cyndi

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PART F - TRAINING

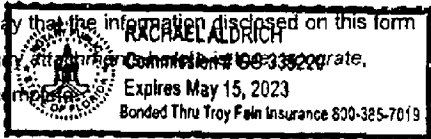
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 is true, correct, and complete.



STATE OF FLORIDA COUNTY OF Saint Johns Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 4th day of

June 2020, by Cynthia Stevenson, Rachael Aldrich (Signature of Notary Public--State of Florida)

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

Cyndi Stevenson SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification Florida driver license Type of Identification Produced

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Signature

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12/31/2019

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