

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2021

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Snyder John Franklin

MAILING ADDRESS:

4229 SW High Meadow Ave

Unit 201

CITY: ZIP: COUNTY:
Palm City 34997 Martin

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Florida House of Representative, District 86

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

HAND DELIVERED

DIVISION OF ELECTIONS
TALLAHASSEE, FL
2022 JUN 14 PM 12:02

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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 June 10, 20 22 was \$ \$690,762

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 \$ 15,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home (7685 SE Pleasant Ridge Ct, Stuart, FL 34997)	732,000
Savings Account (Navy Federal Credit Union)	84,373
Florida Retirement System Pension Plan (not self directed)	4,268
See Continuation	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Auto Loan - Capital One Auto Finance, PO Box 60511, City of Industry, CA 91716	16,399
Auto Loan - Kia Motors Finance, PO Box 660891, Dallas, TX 75266	5,488
Home Mortgage - New American Funding, PO Box 650076, Dallas, TX 75265	408,479

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
ESI Technical Co. dba Educator Solutions	4229 sw high meadow ave, palm city, fl 34990	178,858
Employment Simplified, Inc	4229 sw high meadow ave, palm city, fl 34990	71,642

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
See Continuation			

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.

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Manatee

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

June, 2022 by John Snyder

[Handwritten Signature]
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Notary Public State of Florida
 Meghan Lynn Traver
 Notary Commission
 NH 158113
 Exp 09/06/2025
 Produced in Florida

Personally Known Of 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

Form 6 – Continued
June 10, 2022
John Snyder
Florida House of Representatives

Part B – Assets

Description of Asset	Value of Asset
Checking Account (Navy Federal Credit Union)	\$3,060
Shares – Net book value (Employment Simplified)	\$142,431
Shares – Net book value (ESI Technical Co.)	\$137,374
Cryptocurrency	\$485
Apple Stock	\$138
Microsoft Stock	\$104
AMC Stock	\$31
American Express Stock	\$215
Delta Airlines Stock	\$181
Tesla Stock	\$340
Frontier Group Stock	\$172
NRX Pharmaceuticals Stock	\$13
Caterpillar Stock	\$200
Shopify Stock	\$372
Diamondback Energy Stock	\$371

Part D – Primary Sources of Income

Business Entity: Florida House of Representatives
420 The Capitol
402 S. Monroe Street
Tallahassee, FL 32399-1300
Amount: \$26,697

Part D – Secondary Sources of Income

Business Entity: ESI Technical Co.
Major Source of Business' Income

1. Treasure Coast Classical Academy
1400 SE Cove Rd
Stuart, FL 34997
Education

2. Jacksonville Classical Academy
2043 Forest St
Jacksonville, FL 32204
Education

3. Naples Classical Academy
10270 Immokalee Road
Naples, FL 34120
Education

Business Entity: Employment Simplified, Inc
Major Sources of Business Income:

1. Evergreen Private Care
7301 SW Gaines Ave
Stuart, FL 34997
Home Health Care

2. Quad Nurse, LLC
2647 NE 3rd St, Suite 1
Ocala, FL 34471
Home Health Care