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Received

Filed with COE: 06/03/2024

General Information

Name:

Mr Jonathan Alan Arnold

Address:

303 TERRACOTTA TER, HOWEY IN HLS, FL 34737

PID 299476

County:

Lake

AGENCY INFORMATION

Organization

Suborganization

Title

Howey-In-The-Hills

Police Retirement Pension Board

Police Pension Board

Member

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 IncomeSource's AddressDescription of the Source's Principal Business ActivityDefense Finance and Accounting Service U.S. Military Retired Pay8899 E 56th Street Indianapolis, IN 46249-1200Military Retirement PaySocial Security Administration900 N 14th St #100, Leesburg, FL 34748Retirement Pay

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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

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")

Type of Intangible	Business Entity to Which the Property Relates	
Bank Account	PNC Bank, 249 5th Ave., Pittsburg, PA 15222	
Bank Account	Florida Credit Union, 5804 Seven Mile Dr, Wildwood, FL 34785	
Bank Account	USAA Savings Bank, USAA 9800 Fredericksburg Rd. San Antonio, TX 78288	
Bonds	Department of the Treasury. 1500 Pennsylvania Avenue, NW Washington, D.C. 20220.	

2023 Form 1 - Statement of Financial Interests

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Liabilities				
LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n	/a")			
Name of Creditor	Address of Creditor			
N/A				
General Control of the Control of th				
Interests in Specified Businesses				
INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")				
Business Entity # 1				
N/A				

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

Jonathan Alan Arnold

Digitally signed: 06/03/2024

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