

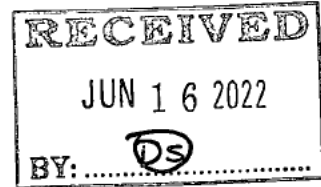
# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2021

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

FOR OFFICE USE ONLY:



LAST NAME -- FIRST NAME -- MIDDLE NAME :

Herbst, John Charles

MAILING ADDRESS :

[REDACTED]

[REDACTED]

CITY :

[REDACTED]

ZIP :

[REDACTED]

COUNTY :

[REDACTED]

NAME OF AGENCY :

City of Fort Lauderdale

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner, District 1

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(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
Merrill Lynch-IRA distribution	PO Box 2150, Lakewood, NJ 08701	Brokerage Firm
Merrill Lynch-Stock Sale	1500 American Blvd, Pennington NJ 08534	Brokerage Firm
Vanguard Brokerage-IRA distrib	PO Box 982901, El Paso TX 79998	Brokerage Firm
Continued on attached worksheet		

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(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
NONE			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

717 SE 12TH COURT, UNIT 9, FORT LAUDERDALE FL 33316
717 SE 12TH COURT, UNIT 10, FORT LAUDERDALE FL 33316
542 SUNSET POINTE DR, LAKE PLACID, FL 33852

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attached Listing	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attached Listing	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #	
	1	2
	NONE	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 G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

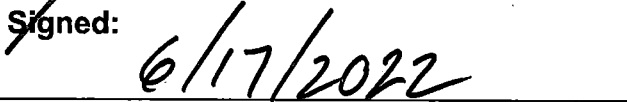
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:



**CPA or ATTORNEY SIGNATURE ONLY**

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

# John Charles Herbst

FORM 1

STATEMENT OF FINANCIAL INTEREST

2021

**PART A - PRIMARY SOURCES OF INCOME - CONTINUED**

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ADRIAN LEE		RENT INCOME
JOSEPH KRASNER		RENT INCOME
JOSHUA KORLIN		SALE OF PROPERTY
MARIA PANYI		SALE OF PROPERTY
KARL BALDWIN & CRYSTAL BALDWIN		SALE OF PROPERTY
EMMANUEL SANCHEZ LABOY & CORBIN MITCHELL		SALE OF PROPERTY

**PART D - INTANGIBLE PERSONAL PROPERTY**

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
VANGUARD 500 INDEX FUND	VALIC 457 DEFERRED COMP PLAN
VANTAGEPOINT 500 INDEX FUND	ICMA 457 DEFERRED COMP PLAN
VANGUARD 500 INDEX FUND	VANGUARD BROKERAGE-ROTH IRA
INVESCO QQQ ETF	VANGUARD BROKERAGE-ROTH IRA
MONEY MARKET ACCOUNT	VANGUARD BROKERAGE-ROTH IRA
VANGUARD 500 INDEX FUND	MERRILL LYNCH INHERITED ROTH IRA
MONEY MARKET ACCOUNT	MERRILL LYNCH INHERITED ROTH IRA
VANGUARD 500 INDEX FUND	MERRILL LYNCH
INVESCO QQQ ETF	MERRILL LYNCH
MONEY MARKET ACCOUNT	MERRILL LYNCH
LARGE CAP INDEX FUND	AMERIPRISE-LIFE INSURANCE POLICY
CHECKING ACCOUNT	BANK OF AMERICA
SAVINGS ACCOUNT	BANK OF AMERICA
SAVINGS ACCOUNT	MARCUS BY GOLDMAN

**PART E - LIABILITIES**

NAME OF CREDITOR	ADDRESS OF CREDITOR
FREEDOM MORTGAGE	PO BOX 50485, INDIANAPOLIS, IN 46250
KWIK MORTGAGE CORP	959 US HIGHWAY 46, PARSIPPANY, NJ 07054
CHASE MORTGAGE CORP (SUCCESSOR TO KWIK MORTG)	700 KANSAS LANE, MONROE, LA 71203