

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2025

General Information

Name: Mrs Rebecca L Norris

PID 200083

AGENCY INFORMATION

Organization	Suborganization	Title
Gulf County	Elected Constitutional Officer	Clerk of the Circuit Court

Net Worth

My Net Worth as of December 31, 2024 was \$ 2,439,357.50.

Assets

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 effect is \$ 200,133.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence, 105 Westcott Circle, Port St. Joe, FL 32456	\$ 404,983.00
Property 158 Ohio St, Wewahitchka, FL 32465	\$ 295,415.00
Cash	\$ 13,000.00
Checking-Centennial Bank, 202 Marina Dr, Port St Joe, FL 32456	\$ 20,433.01
Checking-Truist Bank, 511 W 23rd St, Panama City, FL 32405	\$ 3,034.71
Checking-Tyndall Federal Credit Union, 501 Cecil G Costin Sr Blvd, Port St Joe, FL 32456	\$ 2,407.95
FL Retirement System, 3189 S Blair Stone Rd, Tallahassee, FL 32301	\$ 314,791.86
Nationwide Retirement Solutions, 3400 Southpark Pl Ste A, Grove City, OH 43123	\$ 186,033.89
2018 31 foot Grady White Center Console Boat	\$ 215,000.00
HSA-Centennial Bank, 202 Marina Dr, Port St. Joe, FL 32456	\$ 8,183.76
Wells Fargo-Upside w/Protection	\$ 50,872.78
Wells Fargo-Managed Funds	\$ 155,457.86
Wells Fargo-GS SP 500 Index	\$ 269,844.67
Wells Fargo-Money Market	\$ 295,197.81

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo Bank N.A.	P O Box 71118, Charlotte, NC 28272-1118	\$ 4,568.20

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Gulf County Clerk of Court & County Comptroller	1000 Cecil G. Costin, Sr. Blvd., Port St. Joe, FL 32456	\$ 118,279.72

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

CPA/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, **Michael Dale McKenzie** 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.

Michael Dale McKenzie

Digitally signed: 06/03/2025

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Rebecca L Norris

Digitally signed: 06/05/2025

Filed with COE: 06/05/2025