2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/17/2025

General Information

Name: Mrs SUSAN D POOLEY

PID 317144

AGENCY INFORMATION

Organization	Suborganization	Title
Desoto County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2024 was $ 827,584.13.

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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 $ 24,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
BANK ACCOUNT-CD CREWS BANK & TRUST	$ 238,201.42
CHECKING ACCOUNT-CREWS BANK & TRUST	$ 1,813.25
SAVINGS ACCOUNT-CREWS BANK & TRUST	$ 210,247.61
SCHWAB INVMT ACCOUNT-CASH	$ 106,479.46
SCHWAB INVMT ACCT-APPLE INC (AAPL)	$ 25,069.67
SCHWAB INVMT ACCT-ATOSSA (ATOS)	$ 9,441.00
SCHWAB INVMT ACCT-CEL-SCI (CVM)	$ 4,798.80
SCHWAB INVMT ACCT-CHROMADEX (CDXC)	$ 1,856.75
SCHWAB INVMT ACCT-SABA CAPTL (BRW)	$ 3,982.43
SCHWAB INVMT ACCT-VALE SA (VALE)	$ 1,774.00
SCHWAB INVMT ACCT-SPDR GOLD (GLD)	$ 19,370.40
SCHWAB INVMT ACCT-SPDR S&P OIL&GAS (XOP)	$ 13,237.00
SCHWAB INVMT ACCT-VANGUARD EXT (EDV)	$ 6,923.53
SCHWAB IRA-CASH	$ 7,279.83
SCHWAB IRA-SABA CAPTL INC (BRW)	$ 5,544.00
SCHWAB IRA-SPDR S&p OIL&GAS (XOP)	$ 2,683.20
SCHWAB IRA-VANGUARD TTL STOCK (VTI)	$ 7,166.40
FRS INVESTMENT PLAN	$ 65,216.19
MET LIFE INSURANCE CASH VALUE	$ 13,746.28
2016 FORV CHEROKEE TRAVEL TRAILER	$ 39,000.00
2024 SUBARU OUTBACK	$ 35,000.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
SUBARU MOTORS FINANCE	700 KANSAS LANE, LA4-4045, DALLAS, TX 75265-0351	$ 31,823.39

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
SBA-HURRICANE IRMA	PO BOX 3918, PORTLAND, OR 97208-3918	$ 6,258.70

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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
DESOTO COUNTY TAX COLLECTOR-W2	201 E OAK ST, STE 101, ARCADIA, FL 34266	$ 67,088.46
POOLEY CONTRACTING INC	PO BOX 249, ARCADIA, FL 34265	$ 17,499.43
US SOCIAL SECURITY	PO BOX 67620, WILKES-BARRE, PA 18767-7620	$ 28,202.00
CREWS BANK-SAV & CD INTEREST	PO BOX 380609, MURDOCK, FL 33938-0609	$ 9,413.71
POOLEY CONTRACTING INC-K1	PO BOX 249, ARCADIA, FL 34265	$ 45,300.00

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
POOLEY CONTRACTING INC	HMS HOST	6905 ROCKLEDGE DR, BETHESDA, MD 20817-1828	AIRPORT RESTAURANTS
POOLEY CONTRACTING INC	UNITED AIRLINES INC	PO BOX 4607, HOUSTON, TX 77210-4607	AIRLINE SERVICES
POOLEY CONTRACTING INC	THE PARADIES SHOPS LLC	2849 PACES FERRY RD, ATLANTA, GA 30339	AIRPORT RETAIL SHOPS

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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.

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.

SUSAN D POOLEY

Digitally signed: **06/17/2025**

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