

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Mrs Rachel Miller Sadoff

PID 287042

AGENCY INFORMATION

Organization	Suborganization	Title
Brevard County	Elected Constitutional Officer	Clerk of the Circuit Court and Comptroller

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,229,646.50.

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 \$ 70,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
710 Fiddleleaf Circle West Melbourne, FL 32904	\$ 510,000.00
(Rental) 1440 Malibu Circle #110 Palm Bay, FL 32905	\$ 195,000.00
(Rental) 905 South Fork Circle Melbourne, FL 32901	\$ 250,000.00
(Rental) 907 South Fork Circle Melbourne, FL 32901	\$ 250,000.00
(Rental) 1760 Windbrook Drive Palm Bay, FL 32909	\$ 480,000.00
369 Old Farm Lane Winter Springs, FL 32708	\$ 400,000.00
Space Coast Credit Union (Checking)	\$ 9,010.91
Space Coast Credit Union (Savings)	\$ 2,988.06
Space Coast Credit Union (Savings)	\$ 4,922.38
Bank of America (Checking)	\$ 38,211.87
Bank of America (Money Market)	\$ 1,235.36
Bank of America (Savings)	\$ 14,447.95
Bank of America (Savings)	\$ 3,321.46
Bank of America (Savings)	\$ 2,209.95

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Student Loan/Fed Loan	P.O. Box 3661 Harrisburg PA 17105	\$ 11,143.25

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Chase Mortgage	P.O. Box 71244 Philadelphia, PA 19176	\$ 108,253.48
Loan Depot	P.O. Box 251612 Plano, Texas 75025	\$ 44,602.83
Chase Mortgage	P.O. Box 71244 Philadelphia PA 19176	\$ 91,596.27
Chase Mortgage	P.O. Box 71244 Philadelphia PA 19176	\$ 139,984.98
Chase Mortgage	P.O. Box 71244 Philadelphia PA 19176	\$ 234,408.52
Space Coast Credit Union	P.O. Box 419001 Melbourne, FL 32941	\$ 15,801.37
Mazda Financial Services	P.O. Box 74689 Chicago IL 60675	\$ 8,663.86
Space Coast Credit Union	P.O. Box 419001 Melbourne, FL 32941	\$ 29,054.68
Fifth Third Bank	P.O. Box 630412, Cincinnati OH 45263	\$ 340,696.92

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
Brevard County Clerk of Court	400 South Street, Titusville Florida	\$ 186,768.07
Rental Income (From rentals listed above)	Addresses of the rental properties listed above.	\$ 49,775.18

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.

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.

Rachel Miller Sadoff

Digitally signed: 06/30/2025

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