

## 2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 08/25/2025

### General Information

Name: Mr Mark A Hunter

**CONFIDENTIAL**

**PID 222031**

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 01/06/2025

### AGENCY INFORMATION

| Organization    | Suborganization                | Title   |
|-----------------|--------------------------------|---------|
| Columbia County | Elected Constitutional Officer | Sheriff |

### Net Worth

My Net Worth as of January 6, 2025 was \$ 1,511,255.00.

**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 \$ 230,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                                       | Value of Asset |
|------------------------------------------------------------|----------------|
| Residence{REDACTED}                                        | \$ 290,283.00  |
| Real Estate and Improvements: {REDACTED} Live Oak, FL      | \$ 278,530.00  |
| Checking & Savings: Millenium Bank, Lake City, FL          | \$ 253,546.00  |
| Nationwide: Tax Deferred Annuities                         | \$ 133,434.00  |
| Mortgage Receivable-Claude Peppers                         | \$ 228,647.00  |
| Certificate of Deposit: Campus Credit Union, Lake City, FL | \$ 100,000.00  |

**Liabilities****LIABILITIES IN EXCESS OF \$1,000:**

| Name of Creditor            | Address of Creditor                 | Amount of Liability |
|-----------------------------|-------------------------------------|---------------------|
| Discover Financial Services | PO Box 61036 Carol Stream, IL 60197 | \$ 2,097.00         |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

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

## Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount |
|--------------------------------------------|-----------------------------|--------|
| N/A                                        |                             |        |

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

|                            |
|----------------------------|
| <b>Business Entity # 1</b> |
| N/A                        |

**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, **Joshua G Owens** prepared the CE Form 6F 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.

***Joshua G Owens***

Digitally signed: 08/25/2025

**Signature of Reporting Official or Candidate**

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

***Mark A Hunter***

Digitally signed: 08/25/2025

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