2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 01/14/2026

General Information

Name: Mr CHRIS BOLES

CONFIDENTIAL

PID 314001

AGENCY INFORMATION

Organization	Suborganization	Title
Hillsborough County	Elected Constitutional Officer	County Commissioner District 6

Net Worth

My Net Worth as of December 31, 2025 was $ 2,828,699.00.

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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.

The aggregate value of my household goods and personal effect is $ 80,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
BANK ACCOUNTS - FWCCU - CO OWNED	$ 41,180.00
PRIMARY RESIDENCE - {REDACTED} **estimate	$ 720,000.00
FRS PENSION - INVESTMENT PLAN **estimate	$ 1,650,000.00
NATIONWIDE 501C9 - AMFDS 2030 FUND	$ 4,380.00
NATIONWIDE 501C9 - MFS MIDCAP VAL R3 FUND	$ 4,240.00
NATIONWIDE 501C9 - NW SP500 FUND	$ 9,650.00
NATIONWIDE 501C9 - AMFDS AM HI FUND	$ 4,080.00
NATIONWIDE 457 - FID 500 INDEX FUND	$ 97,960.00
NATIONWIDE 457 - FID MIDCAP INDEX FUND	$ 60,240.00
NATIONWIDE 457 - FID TTL BD INDEX FUND	$ 105,330.00
NATIONWIDE 457 - JPM UM BEHVAL	$ 25,930.00
REAL PROPERTY [50% INTEREST] - {REDACTED} **estimate	$ 200,000.00
REAL PROPERTY - TOYOTA TUNDRA **estimate	$ 38,000.00
CHRISTOPHER AND {REDACTED} BOLES REVOCABLE TRUST- CO OWNED	$ 51,500.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
CHASE MORTGAGE	PO BOX 71244 PHILADELPHIA PA 19176-6244	$ 133,830.00
SAPPHIRE RESERVE - VISA	P.O. BOX 15123 WILMINGTON, DE 19850-5123	$ 3,453.00
HUNTINGTON BANK - VEHICLE	P.O. Box 182519 Columbus, OH 43218-2519	$ 46,508.00

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 2025 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 2025 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
HILLSBOROUGH COUNTY BOCC	601 E. Kennedy, Tampa, FL 33602	$ 124,502.00

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
N/A			

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Interests in Specified Businesses

Business Entity # 1	
Name of Business Entity	FLORIDA WEST COAST CREDIT UNION
Address of Business Entity	1225 Millennium Parkway Brandon, FL 33511
Principal Business Activity	CREDIT UNION
Postion Held with Entity	BOARD MEMBER
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	VOLUNTEER MEMBER

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.

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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.

CHRIS BOLES

Digitally signed: **01/14/2026**

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