

**General Information**

Name: Mr Edward Sidney Hand

PID 294511

**AGENCY INFORMATION**

| Organization                | Suborganization                | Title               |
|-----------------------------|--------------------------------|---------------------|
| Wakulla County School Board | Elected Constitutional Officer | School Board Member |

**CANDIDATE FOR**

| Position              | Agency Name                    | Position sought or held        |
|-----------------------|--------------------------------|--------------------------------|
| District School Board | Wakulla County School District | School Board Member District 1 |

**Net Worth**My Net Worth as of December 31, 2025 was \$ 189,425.97.

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

Filed with COE: 02/17/2026

### 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 \$ 904,219.49.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                               | Value of Asset |
|--------------------------------------------------------------------|----------------|
| Main Home at 169 Martin Farms Road, Crawfordville, FL<br>5.4 acres | \$ 723,300.00  |
| 2023 Jeep Waggoner                                                 | \$ 41,070.00   |
| 2022 Toyota Highlander                                             | \$ 26,500.00   |
| 2004 Chevrolet Silverado                                           | \$ 4,471.00    |
| 401K                                                               | \$ 108,878.49  |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor        | Address of Creditor                                          | Amount of Liability |
|-------------------------|--------------------------------------------------------------|---------------------|
| Chase Home Mortgage     | 700 Kansas Lane, LA4-6633, Monroe, LA 71203                  | \$ 354,637.13       |
| Capital City Bank Group | 2592 Crawfordville Hwy, Crawfordville, FL 32327              | \$ 200,000.00       |
| Stellantis Financial    | 3065 Akers Mill Rd, Suite 700, Atlanta, GA 30339             | \$ 73,730.83        |
| EnerBank USA            | 650 S Main Street, Suite 1000, Salt Lake City, UT 84101-2844 | \$ 48,728.88        |
| Dividend Finance        | P.O. Box 849176, Los Angeles, CA 90084-9176                  | \$ 19,696.68        |
| Campus USA Credit Union | P.O. Box 147029, Gainesville, FL 32614                       | \$ 18,000.00        |

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        |
|--------------------------------------------|-------------------------------------------|---------------|
| Centurion Managed Care                     | 21251 Ridgetop Circle, Sterling, VA 20166 | \$ 117,300.00 |
| Wakulla County School Board                | P.O. Box 100, Crawfordville, FL 32326     | \$ 36,225.96  |

**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.

***Edward Sidney Hand***

Digitally signed: 02/17/2026

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