

2025 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 05/14/2026

General Information

Name: Mr Ray Donald Branch

PID 299297

AGENCY INFORMATION

Organization	Suborganization	Title
Jackson County	Elected Constitutional Officer	County Commissioner, District 4

Net Worth

My Net Worth as of December 31, 2025 was \$ 363,500.00.

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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 \$ 70,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
HOME LAND BARNS CAMPER AND FARM EQUIPMENT AND TRUCK 7022 TOMESSIE CIRCLE GRAND RIDGE FLORIDA	\$ 334,500.00
LAND BOONE LANE AND BIRCHWOOD GRAND RIDGE FLORIDA	\$ 60,000.00
WELLS FARGO MARIANNA	\$ 16,000.00
FIRST FEDERAL MARIANNA FLORIDA	\$ 6,000.00
PEOPLES FIRST SNEADS FLORIDA	\$ 27,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
USA BANK	POBOX 790179 ST LOUIS MISSOURI	\$ 20,000.00
CHAMPION FIRST	PO BOX TALLAHASSEE FLORIDA OX182499	\$ 93,000.00
VOLVO FINANCIAL SERVICES	POBOX 91300 MOBILE ALABAMA	\$ 37,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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 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
COUNTY OF JACKSON BOCC	PO DRAWER 510 MARIANNA FLORIDA	\$ 49,481.62
FRS	PO BOX 9000 TALLAHASSEE FLORIDA	\$ 86,865.96
SOCIAL SECURITY	PO BOX 67620 WILKES-BARRE PA	\$ 27,154.00

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			

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.

Amendment Reason

Explanation of changes why are you amending your previous form 6 submission?

I INADVERTANTLY ADDED SOME ASSETS TWICE WHICH MADE MY NET WORTH INCORRECT. I ALSO FAILED TO SUBTRACT MY DEBTS FROM MY NET WORTH.

Signature of Reporting Official or Candidate

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

Ray Donald Branch

Digitally signed: 05/14/2026

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