

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

Filed with COE: 05/22/2026

### General Information

Name: Jeffrey Bogue

PID 301417

### AGENCY INFORMATION

| Organization  | Suborganization                | Title                              |
|---------------|--------------------------------|------------------------------------|
| Sumter County | Elected Constitutional Officer | County Commissioner,<br>District 4 |

### CANDIDATE FOR

| Position          | Agency Name                                    | Position sought or held |
|-------------------|------------------------------------------------|-------------------------|
| County Commission | Sumter County Board of County<br>Commissioners | District 4              |

### Net Worth

My Net Worth as of December 31, 2025 was \$ 1,239,604.72.

**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 \$ 135,000.00.

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

| Description of Asset                      | Value of Asset |
|-------------------------------------------|----------------|
| Primary Residence 50%                     | \$ 330,000.00  |
| Agricultural Parcel Q18-004 50%           | \$ 700,000.00  |
| 2020 Jeep Cherokee                        | \$ 20,000.00   |
| 2022 Ram 2500                             | \$ 40,000.00   |
| Zero Turn mower                           | \$ 4,500.00    |
| Household Personal effects                | \$ 120,000.00  |
| AdventistHealthcare Retirement Plan-Valic | \$ 150,000.00  |
| Bank of America Accounts                  | \$ 10,000.00   |
| Suncoast Credit Union                     | \$ 1,500.00    |
| Florida Retirement System                 | \$ 135,000.00  |
| HORSE BARN                                | \$ 15,000.00   |
| KIA TELLURIDE                             | \$ 30,000.00   |
| HORSE TRAILER                             | \$ 8,000.00    |
| ADVENTHEALTH CREDIT UNION                 | \$ 5,200.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor          | Address of Creditor                             | Amount of Liability |
|---------------------------|-------------------------------------------------|---------------------|
| Valon Inc                 | PO BOX 660043 Dallas TX 75266                   | \$ 133,990.20       |
| Capital One Auto Finance  | PO Box 60511 City of industry Ca 91716          | \$ 8,300.00         |
| Midflorida Credit Union   | 11411 Lake Underhill Rd Orlando, FL 32825       | \$ 32,546.08        |
| AdventHealth Credit union | 351 S State Road 434 Altamonte Springs FL 32714 | \$ 80,025.00        |
| Regions Bank              | 1900 5th AV North Birmingham AL 35203           | \$ 5,130.00         |
| Merrick Bank              | PO Box 660880 Dallas TX 75266                   | \$ 8,889.00         |
| Vystar Credit Union       | PO Box 45085 Jacksonville FL 32232              | \$ 60,715.00        |

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        |
|--------------------------------------------|------------------------------------------------|---------------|
| AdventHealth Wesley Chapel                 | 2600 Bruce B Downs Blvd Wesley Chapel FL 33544 | \$ 245,890.00 |
| Sumter County BOCC                         | PO Box 247 Bushnell FL 33513                   | \$ 82,353.00  |

**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.

### 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.

***Jeffrey Bogue***

Digitally signed: 05/22/2026

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