

**General Information**

Name: Carolyn Brown Spooner

PID 82755

**AGENCY INFORMATION**

| Organization    | Suborganization                | Title               |
|-----------------|--------------------------------|---------------------|
| Bradford County | Elected Constitutional Officer | County Commissioner |

**Net Worth**My Net Worth as of December 31, 2025 was \$ 863,852.12.**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 \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                                      | Value of Asset |
|---------------------------------------------------------------------------|----------------|
| American Nation Insurance                                                 | \$ 18,421.19   |
| Florida Credit Union & First FL Credit Union                              | \$ 150,000.00  |
| State of FL Deferred Comp, Metlife Roth IRA, Dupont Stock/Merrill Lynch L | \$ 83,887.81   |
| See Attached                                                              |                |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

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

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       |
|-----------------------------------------------|--------------------------------------|--------------|
| Social Security                               | P.O. Box 67620 Wilkes-Barre.Pa 18767 | \$ 34,200.00 |
| Florida Retirement                            | P.O. Box 9000 Tallahassee FL 32315   | \$ 36,447.60 |
| City of Starke Retirement                     | 209 Thompson St., Starke, FL 32091   | \$ 6,345.76  |
| Bradford County Board of County Commissioners | P.O. Box B, Starke FL 32091          | \$ 39,687.76 |

**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.

***Carolyn Brown Spooner***

Digitally signed: 06/07/2026

Filed with COE: 06/07/2026

**Property Assets for Carolyn Brown Spooner-2025 Attachment for Form 6 Full Disclosure of Financial Interest:**

|                                   |           |
|-----------------------------------|-----------|
| 3948 Hampton Fl-----              | 51,932    |
| 14393 SE 47 <sup>th</sup> PL----- | 6,198     |
| Lincoln City vacant Lot-----      | 5,271     |
| 733 Oak-----                      | 37,145    |
| 733 Oak vacant Lot-----           | 2,750     |
| 940 Crosby-----                   | 62,692    |
| 1007 North St-----                | 14,103    |
| 1116 Calvary-----                 | 150,296   |
| 1134 Pine-----                    | 25,991    |
| 14391 SE 47 <sup>th</sup> Pl----- | 50,219    |
| 15043 S HWY302 S. Starke-----     | 20,155    |
| HWY 301 S. Starke -----           | 18,000    |
| 3306 NE 1469, Hawthorne-----      | 11,960    |
| 7708 Railroad Dr. Hawthorne-----  | 58,065    |
| 1669 S. Walnut, Starke-----       | 62,576    |
| 1404 Ne Line Ave, Waldo Fl -----  | 18,800    |
| Total=                            | \$596,153 |