

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2026

General Information

Name: Ms Valerie M Russell

PID 314140

AGENCY INFORMATION

Organization	Suborganization	Title
Wakulla County	Elected Constitutional Officer	Board of County Commissioners

Net Worth

My Net Worth as of June 28, 2026 was \$ 923,186.10.

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 \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
92 Pimlico Drive	\$ 172,500.00
Lincoln Financial	\$ 105,913.95
Fidelity Investments	\$ 160,684.82
LPL Financial	\$ 165,979.06
Ameritas	\$ 126,719.25
Bank of America	\$ 50,800.00
Capital City Bank	\$ 89,287.00
Jeep Wrangler	\$ 5,000.00
Chevrolet Traverse	\$ 17,500.00
Prepaid Investment Plan	\$ 6,880.00
Florida Retirement Investment Plan	\$ 11,922.02

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
Tallahassee Memorial	Tallahassee, FL	\$ 9,078.00
Wakulla County BOCC	Crawfordville, FL	\$ 41,031.00
Panhandle Primary Care	Crawfordville, FL	\$ 56,302.00
Circle Medical Group	San Francisco, FL	\$ 75,162.00

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
Panhandle Primary Care PLLC	United HealthCare Insurance Company	Minneapolis, MN	Health Insurance Provider
Panhandle Primary Care PLLC	Humana Inc	Lexington, KY	Health Insurance Provider
Panhandle Primary Care PLLC	Elation Health Inc	San Francisco, CA	Electronic Payment Facilitator
Panhandle Primary Care PLLC	First Coast Service Options Inc	Mechanicsburg, PA	Health Insurance Provider
Panhandle Primary Care PLLC	Aetna Life Insurance Company	El Paso, TX	Health Insurance Provider

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.

Valerie M Russell

Digitally signed: 06/30/2026

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