

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 08/27/2026

General Information

Name: Ms Shirley D Joseph

PID 98493

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 11/18/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Dst. School Bd. Of Madison County	Elected Constitutional Officer	Superintendent

Net Worth

My Net Worth as of November 18, 2024 was \$ 231,000.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
205 SE Bennett St (00-00-00-4342-000-000)	\$ 72,000.00
234 SE Bennett St (00-00-00-4349-000-000)	\$ 104,000.00
SE Bennett St (00-00-00-4352-000-000)	\$ 4,000.00
NW Lovett RD (18-2N-08-3015-004-000)	\$ 48,000.00
SE Bennett ST (00-00-00-4342-002-000)	\$ 4,000.00
NW Concord Church RD (33-3N-08-3391-001-000)	\$ 41,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Madison Credit Union	Madison, FL	\$ 36,000.00
Bank of America	Charolette, NC	\$ 7,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
N/A		

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

Signature of Reporting Official or Candidate

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

Shirley D Joseph

Digitally signed: **08/27/2026**

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