

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 01/19/2023

General Information

Name: Dr Sonja Brookins

Address: 1720 SE Lambright St, Tampa, FL 33610

PID 289643

County: Hillsborough

AGENCY INFORMATION

Organization	Suborganization	Title
Hillsborough Soil & Water Cons. Dst.	Board of Supervisors	Supervisor/Treasurer Dist 4

CANDIDATE FOR

Position	Agency Name	Position sought or held
Tampa Mayor & City Council (Local Ord.)	Hillsborough County City Council	Hillsborough County City Council District 1

Net Worth

My Net Worth as of December 31, 2022 was \$ 75,000.00.

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
Residential home	\$ 195,000.00

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.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Salary	16120 US Highway 19 N	\$ 1,700.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Sonja Brookins

Digitally signed: **01/19/2023**

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