

**General Information**

Name: Sheriff George Paul Gordon Smith

**CONFIDENTIAL**

Address: {REDACTED}

**PID 63118**

County: {REDACTED}

**AGENCY INFORMATION**

| Organization                  | Suborganization                                              | Title   |
|-------------------------------|--------------------------------------------------------------|---------|
| Bradford County               | Elected Constitutional Officer                               | Sheriff |
| Department Of Law Enforcement | Florida Criminal Justice Executive Institute<br>Policy Board | Sheriff |

**Net Worth**My Net Worth as of December 31, 2022 was \$ 125,000.00.**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 \$ 225,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| N/A                  |                |

**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 |
|------------------|----------------------------------------------|---------------------|
| Lakeview Lending | 4425 PONCE DELEON BLVD CORAL GABLES, FLORIDA | \$ 334,000.00       |

**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        |
|--------------------------------------------|-------------------------------------------------|---------------|
| BRADFORD COUNTY SHERIFFS OFFICE            | 945B NORTH TEMPLE AVE STARKE, FLORIDA 32091     | \$ 154,000.00 |
| STARKE POLICE PENSION FUND                 | 209 NORTH THOMPSON STREET STARKE, FLORIDA 32091 | \$ 24,500.00  |

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**

- ☒ 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.

***George Paul Gordon Smith***

Digitally signed: 05/08/2023

Filed with COE: 05/08/2023