

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/03/2023

General Information

Name: Hon Lisa Craze
Address: PO BOX 280, CRAWFORDVILLE, FL 32326 **PID 272618**
County: Wakulla

AGENCY INFORMATION

Organization	Suborganization	Title
Wakulla County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2022 was \$ 119,463.57.

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 \$ 7,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
95 Hoot Owl Hollow, Crawfordville, FL 32327	\$ 246,165.00
00-00-081-000-11510-000	\$ 5,500.00
Bank Account - Capital City Bank	\$ 3,270.64
Bank Account - Ameris Bank	\$ 12,839.12

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Nationstar Mortgage	PO Box 650783, Dallas, TX 75265	\$ 68,032.73
Truist	PO Box 580048, Charlotte, NC 28258	\$ 18,194.55

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.

☐ I elect to file a copy of my 2022 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
Wakulla County Tax Collector's Office	PO Box 280, Crawfordville, FL 32326	\$ 122,939.00

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.

Lisa Craze

Digitally signed: **07/03/2023**

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