

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/11/2023

General Information

Name: Gail Ann Jones

Address: PO Box 1012, Moore Haven, FL 33471

PID 88354

County: Glades

AGENCY INFORMATION

Organization	Suborganization	Title
Glades County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2022 was \$ 583,468.00.

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 \$ 68,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1306 E Park Ave, Moore Haven, FL 33471	\$ 71,445.00
Property across from parents home on 2nd St. and Riverside Dr. , Moore Haven, FL 33471	\$ 10,318.33
Deferred Retirement Option Account - State of Florida	\$ 336,186.07
Bank Accounts (First Bank)	\$ 97,518.80

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
Glades County Tax Collector	P. O. Box 1589, Moore Haven, FL 33471	\$ 102,368.50
Seasonal Craft Shows	Rent Spaces in 2 Florida cities	\$ 3,764.00

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.

Gail Ann Jones

Digitally signed: 05/11/2023

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