2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/03/2023

General Information

Name: Mrs Erin Skipper

Address: 4753 RAGGEDY POINT RD, FLEMING ISLE, FL 32003 **PID 302157**

County: Clay

AGENCY INFORMATION

Organization	Suborganization	Title
Clay County School Board	Elected Constitutional Officer	School Board Member District 1

Net Worth

My Net Worth as of December 31, 2022 was $ 980,000.00.

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 $ 45,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
4753 Raggedy point Rd	$ 873,000.00
4755 Raggedy Point RD	$ 100,000.00
CASH-Value-NFCU-Checking/Savings	$ 26,000.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
NFCU- Car Loan	P.O. Box 25109 Lehigh Valley, PA	$ 43,000.00
Aid-Advantage- Student loan	P.O. Box 9635 Wilkes-Barre, PA	$ 32,000.00
PENN-FED- PRIVATE	Tysons, VA	$ 22,700.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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
Clay County School District	900 Walnut Street GCS, FL 32043	$ 3,568.02
Mayo Clinic	200 1st ST SW Rochester MN, 55905	$ 2,799.72

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

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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.

Erin Skipper

Digitally signed: **06/03/2023**

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