

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/13/2023

General Information

Name: Mr Thomas Kennedy Clark

Address: 8232 Sw County Road 18, Hampton, FL 32044

PID 265199

County: Bradford

AGENCY INFORMATION

Organization	Suborganization	Title
Bradford County	Elected Constitutional Officer	Property Appraiser

Net Worth

My Net Worth as of June 1, 2023 was \$ 236,500.00.

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 \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 205,458.00
FFCU	\$ 1,008.52
FFCU	\$ 1,852.00
Capital City Bank	\$ 6,941.00
FRS DROP Account	\$ 33,800.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
MGC Mortgage	Lake Zurich, IL 60047-8945	\$ 81,780.00
FFCU	Raiford , FL	\$ 4,738.00

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
Bradford County Prop. Appr.	P.O. Box 250 Suite A Starke, FL 32091	\$ 118,412.00

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.

Thomas Kennedy Clark

Digitally signed: 06/13/2023

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