

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/16/2023

### General Information

Name: Dr Linda 'Lou' Crawford Cleveland

Address: 315 HIGHWAY 273, CHIPLEY, FL 32428

**PID 267867**

County: Washington

### AGENCY INFORMATION

| Organization                   | Suborganization                | Title              |
|--------------------------------|--------------------------------|--------------------|
| Washington County School Board | Elected Constitutional Officer | Member, District 2 |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 2,372,009.38.

**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 |
|-----------------------------------|----------------|
| 06-3N-17-06000-001-0010           | \$ 14,465.25   |
| 16-1S-19-23000-001-0003           | \$ 23,910.00   |
| 16-1S-19-23000-001-0050           | \$ 7,829.75    |
| 15-3S-19-25070-00G-0150           | \$ 282,504.00  |
| 16-1S-19-23000-001-0009           | \$ 23,306.50   |
| 315 Hwy 273, Chipley, Florida     | \$ 371,687.00  |
| 21304 Front Bch. Rd, PCB, Florida | \$ 813,351.00  |
| Wells Fargo Bank Account          | \$ 16,201.76   |
| Ohio National                     | \$ 51,871.71   |
| AXA-Equitable                     | \$ 283,594.39  |
| Equivest TSA II                   | \$ 32,150.55   |
| Florida Retirement System Acc     | \$ 128,105.45  |
| Bencor Financial Services         | \$ 51,035.98   |
| Atlantic Coast Life Ins. Co.      | \$ 204,716.04  |

**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.

☐ 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       |
|--------------------------------------------|---------------------------------------------------------|--------------|
| Washington County School Board             | 652 3rd Street, Chipley, FL 32428                       | \$ 29,130.09 |
| Equitable Equi-Vest Service Cent.          | Suite 1000 100 Madison Street Syracuse, N.Y. 13202-2720 | \$ 12,717.21 |
| Ohio National Life Ins. Co.                | P.O. Box 237 Cincinnati, OH 45201-2037                  | \$ 1,957.42  |
| Social Security                            | 3215 HWY 77, Panama City, FL 32405                      | \$ 32,868.20 |
| Atlantic Coast Life                        | 257 E 200 S, Suite 725 Salt Lake City UT 84119          | \$ 8,328.55  |
| Florida Retirement System                  | PO Box 9000, Tallahassee, FL 32315                      | \$ 53,095.20 |
| Charles Swabb Trust Bank                   | 2309 Gracy Farms Ln, Austin, TX 78758                   | \$ 1,956.32  |
| Chipola College                            | 3094 Indian Circle, Marianna, FL 32446                  | \$ 2,127.50  |

## 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.

***Linda 'Lou' Crawford Cleveland***

Digitally signed: 06/16/2023

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