

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2023

General Information

Name: Mrs Linda Bartz
Address: 1334 SW IRVING ST, PORT ST LUCIE, FL 34983 **PID 212373**
County: Saint Lucie

AGENCY INFORMATION

Organization	Suborganization	Title
St. Lucie County	Elected Constitutional Officer	County Commissioner Dist. 3

Net Worth

My Net Worth as of June 23, 2023 was \$ 677,594.65.

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 \$ 257,175.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1334 SW IRVING ST,PSL, FL 34983	\$ 265,600.00
2017 HONDA CRV	\$ 21,480.00
2015 MAZDA CX5	\$ 15,808.00
Disney Stock	\$ 8,840.00
SBCF	\$ 12,540.00
SOUTHSTATE BANK	\$ 6,321.00
ITHINK FINANCIAL	\$ 5,399.63
TRUIST	\$ 6,304.00
MIDFLORIDA CREDIT UNION	\$ 91,777.02

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
ROUNDPOINT MORTGAGE SERVICING	PO BOX 19409 CHARLOTTE NC	\$ 13,650.00

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
ST LUCIE COUNTY	2300 VIRGINIA AVE	\$ 80,583.00
SOCIAL SECURITY	1100 W. HIGH RISE 6401 SECURITY BLVD 21235	\$ 26,724.00

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.

Linda Bartz

Digitally signed: 06/26/2023

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