

## 2023 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 06/28/2023

### General Information

Name: Jeffrey Alan Gold

PID 266367

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 06/01/2023

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
|              |                 |       |

### Net Worth

My Net Worth as of June 1, 2023 was \$ 1,087,095.89.

**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 \$ 239,300.00.

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset          | Value of Asset |
|-------------------------------|----------------|
| 735 SE 34th Avenue, Ocala, FL | \$ 114,564.00  |
| 3211 SE 41st Place, Ocala, FL | \$ 434,226.00  |
| Nationwide 457                | \$ 464,981.44  |
| TIAA                          | \$ 11,993.86   |
| SouthState Checking           | \$ 13,127.64   |

**Liabilities**

## LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor              | Amount of Liability |
|------------------|----------------------------------|---------------------|
| US Bank          | 4801 Fredricka St, Ownesburg, KY | \$ 161,273.14       |
| MOHELA           | PO BOX 790233, ST. LOUIS, MO     | \$ 29,823.91        |

## 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       |
|--------------------------------------------|---------------------------------------|--------------|
| MCBCC                                      | 601 SE 25TH AVENUE, OCALA, FL         | \$ 40,416.00 |
| IRSPSD                                     | 6001 HWY A1A, INDIAN RIVER SHORES, FL | \$ 13,529.20 |

**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

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

***Jeffrey Alan Gold***

Digitally signed: **06/28/2023**

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