

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/02/2023

General Information

Name: Dr Gene Anthony Posca MD
Address: 6955 37TH ST, VERO BEACH, FL 32966 **PID 298915**
County: Indian River

AGENCY INFORMATION

Organization	Suborganization	Title
School District Of Indian River County	Elected Constitutional Officer	School Board Member District I

Net Worth

My Net Worth as of July 1, 2023 was \$ 829,051.00.

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 \$ 40,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
car	\$ 47,374.00
savings account	\$ 123,395.00
other savings account	\$ 14,300.00
Home	\$ 1,300,000.00
cash	\$ 131,000.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Penfed	po box 247080 omaha, NE 68124-7080	\$ 751,816.00
GM Finance	801 cherry st, ste. 3600 fort worth texas 76102	\$ 34,202.00

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
LT Med	2575 northwinds parkway alpharetta, GA 30009	\$ 242,055.00
Indian River memorial hospital	6801 brecksville rd mail code RK1-85 independence OH 44131	\$ 48,436.49

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.

Gene Anthony Posca MD

Digitally signed: 07/02/2023

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