2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/23/2023

General Information

Name: Ms Shirley D Joseph

Address: 111 SE Thompkins ave, Madison, FL 32340 **PID 98493**

County: Madison

AGENCY INFORMATION

Organization	Suborganization	Title
Dst. School Bd. Of Madison County	Elected Constitutional Officer	Superintendent
Madison County Memorial Hospital	Board of Directors	Vice Chair

Net Worth

My Net Worth as of December 31, 2022 was $ 599,117.00.

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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 N/A.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
205 SE BENNETT ST	$ 75,509.00
234 SE BENNETT ST	$ 170,464.00
SE BENNETT ST	$ 3,702.00
111 SE THOMPKINS AVE	$ 143,750.00
NW CONCORD CHURCH RD	$ 41,000.00
NW LOVETT RD	$ 48,000.00
SE BENNETT ST	$ 3,702.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Madison Credit Union	Madison, FL	$ 68,000.00
Bank of America	Madison, FL	$ 24,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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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
Madison County School Board	210 NE Duval AVe Madison, FL	$ 112,000.00

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.

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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.

Shirley D Joseph

Digitally signed: **08/23/2023**

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