

**General Information**

Name: Ms Teresa Castillo

Address: 3007 PRELUDE LN, KISSIMMEE, FL 34746

PID 275192

County: Osceola

**AGENCY INFORMATION**

| Organization                | Suborganization                | Title |
|-----------------------------|--------------------------------|-------|
| Osceola County School Board | Elected Constitutional Officer |       |

**Net Worth**My Net Worth as of December 31, 2022 was \$ 10,000.00.**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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| Retirement           | \$ 5,000.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                                        | Amount of Liability |
|------------------|------------------------------------------------------------|---------------------|
| Capital One      | 1680 Capital One Drive McLean, VA 22102-3491 United States | \$ 20,000.00        |
| Sallie Mae       | P.O. Box 8459 Philadelphia PA 19101-8459                   | \$ 134,000.00       |

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       |
|--------------------------------------------|-----------------------------------------|--------------|
| Salary                                     | 30 3rd Ave, Brooklyn, New York 11217    | \$ 85,000.00 |
| Salary                                     | 817 Bill Beck Blvd, Kissimmee, FL 34744 | \$ 47,000.00 |

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.

**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.

***Teresa Castillo***

Digitally signed: 08/30/2023

Filed with COE: 08/30/2023