

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/31/2023

General Information

Name: Mr Rick LoCastro

Address: 3299 Tamiami Trl E Ste 303, Naples, FL 34112

PID 287474

County: Collier

AGENCY INFORMATION

Organization	Suborganization	Title
Collier County	Elected Constitutional Officer	County Commissioner, District 1

Net Worth

My Net Worth as of August 31, 2023 was \$ 1,900,000.00.

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 \$ 135,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Home	\$ 1,000,000.00
Cash / Checking / Savings	\$ 70,000.00
Mutual Funds (Janus & American Century)	\$ 595,000.00
IRAs (Janus & American Century)	\$ 545,000.00
Military Thrift Savings Plan	\$ 152,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Marco Island Home (PNC Bank Loan)	1560 Buccaneer Court, Marco Island FL 34145	\$ 400,000.00

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
Collier County Commissioner Annual Salary	3299 Tamiami Trail E, Naples FL 34112	\$ 90,000.00
USAF Annual Military Retirement	Washington DC	\$ 40,000.00

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.

Rick LoCastro

Digitally signed: **08/31/2023**

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