

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 09/01/2023

General Information

Name: Dr Kristen T. Burke

Address: 1812 County Road 209b, Green Cv Spgs, FL 32043

PID 286122

County: Clay

AGENCY INFORMATION

Organization	Suborganization	Title
Clay County	Elected Constitutional Officer	Commissioner District 5

Net Worth

My Net Worth as of December 31, 2022 was \$ 250,000.00.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
home	\$ 450,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Vystar	1755 Eagle Harbor Parkway	\$ 10,000.00

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
Fleming Island Family Chiropractic	1835-3 East West Parkway, Fleming Island fl 32003	\$ 84,000.00
Clay County Board of Commissioners	Green Cove Springs, FL 32043	\$ 37,000.00

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.

Kristen T. Burke

Digitally signed: 09/01/2023

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