

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 09/28/2023

General Information

Name: Mr Alfred Martin

Address: 215 SW Summerset Way, Madison, FL 32340

PID 9631

County: Madison

AGENCY INFORMATION

Organization	Suborganization	Title
Madison County	Elected Constitutional Officer	County Commissioner

Net Worth

My Net Worth as of December 31, 2022 was \$ 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 \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Brookwood (Rental House)	\$ 45,000.00
Macon Street (Rental House)	\$ 65,000.00
Happy Street (Rental House)	\$ 55,000.00
Tola McKinney (Rental House)	\$ 50,000.00
Jeanette Circle (Rental House)	\$ 60,000.00
654 Shelby Street (Rental House)	\$ 50,000.00
642 Shelby Street (Rental House)	\$ 60,000.00
Captain Brown (Farm)	\$ 400,000.00
Summerset Way (Homestead)	\$ 305,000.00
Bank - Regions	\$ 2,000.00
Bank - Buckeye	\$ 1,500.00
Bank - MCCB	\$ 5,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
MCCB - Farm Loan	301 E. Base Street	\$ 33,000.00
Regions - Homestead Mortgage	2611 N Patterson St Valdosta GA 31601	\$ 82,000.00
Synchrony	965 Keller Road, Altamonte Springs, FL 32714	\$ 1,500.00

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
City of Madison Retirement	801 Warrenville Suite 500, Lisle IL	\$ 50,500.00
Madison COunty BOCC	PO Box 237, Madison FL 32341	\$ 30,000.00
Multiple Rental Properties	Multiple	\$ 75,000.00

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.

Alfred Martin

Digitally signed: 09/28/2023

Filed with COE: 09/28/2023