2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 11/21/2023

General Information

Name: DOYLE M BROWN

Address: 18869 Ne Black Mcnair Rd, Hosford, FL 32334 **PID 276269**

County: Liberty

AGENCY INFORMATION

Organization	Suborganization	Title
Liberty County	Elected Constitutional Officer	COUNTY COMMISSIONER
Liberty County	Value Adjustment Board	Value Adjustment Board Member

Net Worth

My Net Worth as of September 1, 2023 was $ 377,000.00.

Filed with COE: 11/21/2023

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 $ 46,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
1.39 acres	$ 29,410.00
6.14 acres	$ 24,548.00
6.33 acres with mobile home	$ 50,093.00
Checking / saving account	$ 53,000.00
Backhoe	$ 15,000.00
Bulldozer	$ 15,000.00
Septic tank set truck	$ 20,000.00
Septic pump truck	$ 20,000.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
FLAG Credit Union	3115 Conner Blvd., Tallahassee, FL 32399	$ 7,900.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 11/21/2023

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
Florida Department of Agriculture	407 South Calhoun Street, Tallahassee, FL 32334	$ 54,000.00

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.

Filed with COE: 11/21/2023

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.

DOYLE M BROWN

Digitally signed: **11/21/2023**

Filed with COE: 11/21/2023