

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/28/2024

### General Information

Name: Mrs Connie Scott Brecheen

PID 288414

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
| Fort White   | Employees       |       |

### Net Worth

My Net Worth as of December 31, 2023 was \$ 814,000.00.

**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 |
|--------------------------|----------------|
| 152 NW Wildflower Lane   | \$ 550,000.00  |
| 231 Battle Hill Lane     | \$ 200,000.00  |
| Annuity Prudential Life  | \$ 40,000.00   |
| Annuity Lincoln National | \$ 165,000.00  |
| Radiant Credit Union     | \$ 25,000.00   |
| 401A Plan                | \$ 1,732.00    |
| 457B Plan                | \$ 1,723.00    |
| Edward Jones Life Policy | \$ 7,647.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor       | Address of Creditor             | Amount of Liability |
|------------------------|---------------------------------|---------------------|
| Seacoast National Bank | 815 Colorado Ave. Stuart, FL    | \$ 112,000.00       |
| Lakeview               | P.O. Box 818060 Cleveland, OH   | \$ 212,000.00       |
| BMO Bank Harris        | P.O. Box 6201 Carol Stream IL   | \$ 3,000.00         |
| Citi                   | P.O. Box 9001299 Louisville, KY | \$ 3,000.00         |

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. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 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       |
|--------------------------------------------|-------------------------------------------|--------------|
| Town of Fort White                         | P.O. Box 129 Fort White, FL               | \$ 36,266.34 |
| Columbia County                            | P.O. Box 1529 Lake City, FL               | \$ 27,145.26 |
| FL State Retirement                        | P.O. Box 9000 Tallahassee, FL             | \$ 12,550.08 |
| Social Security                            | Washington, DC                            | \$ 27,861.80 |
| Prudential                                 | 200 Central Ave. FL 24 St. Petersburg, FL | \$ 2,713.20  |
| Lincoln National                           | P.O. Box 1110 Ft. Wayne, IN               | \$ 7,004.76  |

## SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| N/A                     |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

***Connie Scott Brecheen***

Digitally signed: 02/28/2024

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