

**General Information**

Name: Gloria R. Hayward

PID 15931

**AGENCY INFORMATION**

| Organization  | Suborganization                | Title                  |
|---------------|--------------------------------|------------------------|
| Sumter County | Elected Constitutional Officer | Clerk Of Circuit Court |

**CANDIDATE FOR**

| Position                            | Agency Name                                                                      | Position sought or held                       |
|-------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|
| Clerk of the Courts and Comptroller | Clerk of the Courts and Comptroller, Sumter County, Florida 5th Judicial Circuit | Sumter County Clerk of Courts and Comptroller |

**Net Worth**My Net Worth as of December 31, 2023 was \$ 2,324,616.00.

**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 \$ 29,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset              | Value of Asset |
|-----------------------------------|----------------|
| House, 45 acres CR44A Wildwood Fl | \$ 999,500.00  |
| DEFER COMP EMPOWER                | \$ 215,880.00  |
| DEFER COMP NATIONWIDE             | \$ 336,049.00  |
| FRS                               | \$ 973,261.00  |
| SOUTHERN COMPANY                  | \$ 44,856.00   |

**Liabilities****LIABILITIES IN EXCESS OF \$1,000:**

| Name of Creditor      | Address of Creditor                | Amount of Liability |
|-----------------------|------------------------------------|---------------------|
| SUNCOAST CREDIT UNION | P O BOX 11829 TAMPA FL 33680       | \$ 185,002.00       |
| SUNCOAST CREDIT UNION | P O BOX 11829 TAMPA FL 33680       | \$ 15,810.00        |
| KABOTA                | P O BOX 2046 GRAPEVINE TEXAS 76099 | \$ 12,772.00        |
| SUNCOAST CREDIT UNION | P O BOX 11829 TAMPA FL 33680       | \$ 22,243.00        |

**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        |
|--------------------------------------------|--------------------------------------|---------------|
| CLERK OF CIRCUIT COURT SUMTER COUNTY       | 215 E MCCOLLUM AVE BUSHNELL FL 33513 | \$ 146,816.00 |
| SOCIAL SECURITY                            | US GOVERNMENT                        | \$ 38,913.00  |

**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

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ 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.

***Gloria R. Hayward***

Digitally signed: 03/27/2024

Filed with COE: 03/27/2024