

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

Filed with COE: 06/10/2024

### General Information

Name: Mr Phillip McCroan

PID 246328

### AGENCY INFORMATION

| Organization | Suborganization                | Title                    |
|--------------|--------------------------------|--------------------------|
| Gulf County  | Elected Constitutional Officer | Commissioner, District 5 |

### Net Worth

My Net Worth as of June 10, 2024 was \$ 345,181.40.

**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 \$ 40,500.00.

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

| Description of Asset        | Value of Asset |
|-----------------------------|----------------|
| Residence                   | \$ 450,000.00  |
| Seachaser                   | \$ 82,000.00   |
| 2016 Ford Explorer          | \$ 15,250.00   |
| Money market                | \$ 11,250.00   |
| Savings Account             | \$ 26,017.07   |
| 2021 GMC Sierra 1500 Denali | \$ 49,500.00   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                       | Amount of Liability |
|------------------|-------------------------------------------|---------------------|
| New Rez          | P.O. Box 610063 Dallas Texas              | \$ 157,993.42       |
| Carmax           | P.O. Box 440609 Kennesaw Georgia 30160    | \$ 4,786.76         |
| First Commerce   | 4472 Lafayette St. Marianna Florida 32446 | \$ 51,686.40        |
| Citi Credit      | P.O. Box 6500 Sioux Falls South Dakota    | \$ 24,844.25        |
| Carmax           | P.O. Box 440609 Kennesaw Georgia 30160    | \$ 48,524.84        |

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       |
|--------------------------------------------|---------------------------------------------------------|--------------|
| Philco Mechanical                          | 106 Trade circle Suite J Port St. Joe Florida           | \$ 75,000.00 |
| Gulf County Bocc                           | 1000 Cecil G Costin Boulevard Port St Joe Florida 32456 | \$ 34,422.00 |

**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**

|                            |
|----------------------------|
| <b>Business Entity # 1</b> |
| 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.

***Phillip McCroan***

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024