2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

General Information

Name: Mr Franklin White

PID 260214

AGENCY INFORMATION

Organization	Suborganization	Title
Suwannee County	Elected Constitutional Officer	County Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Suwannee County Board of County Commissioner District 5	County Commissioner Dist. 5

Net Worth

My Net Worth as of December 31, 2023 was $ 1,102,000.00.

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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 $ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
40 acre obrien	$ 100,000.00
200 acres obrien fl	$ 300,000.00
campground Steinhatchee fl	$ 150,000.00
Home and Land	$ 450,000.00
checking account	$ 91,000.00
Savings account	$ 10,000.00
FRS	$ 22,795.09
annuity	$ 180,000.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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
Suw County Bocc	200 s Ohio AVE	$ 40,590.94
Shade Tree Nursery	10765 176th street	$ 50,000.00

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
Shade Tree Nursery llc	Landscapers	10765 176TH Street Mcalpin FL 32062	Ornamental Nursery
Arrowhead 364 llc	car detailers	364 sw Arrowhead Terrace Lake City FL	Manufacturing
Triple W Logistics llc	Shade Tree Nursery	10765 176TH Street Mcalpin FL 32062	Transportation

Interests in Specified Businesses

Business Entity # 1	
Name of Business Entity	Shade Tree Nursery LLC
Address of Business Entity	10765 176th Street McAlpin FL 32062
Principal Business Activity	Nursery

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Postion Held with Entity	Manager/Owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	33%
Business Entity # 2	
Name of Business Entity	Triple W Logistics LLC
Address of Business Entity	10765 176th Street McAlpin FL 32062
Principal Business Activity	Trucking
Postion Held with Entity	Manager/Owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	33%
Business Entity # 3	
Name of Business Entity	Arrowhead 364 LLC
Address of Business Entity	10765 176th Street McAlpin FL 32062
Principal Business Activity	manufacturing
Postion Held with Entity	Manager/Owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	33%

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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.

Franklin White

Digitally signed: **06/12/2024**

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