

## 2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 12/08/2024

### General Information

Name: Mr Charles A Hess PhD

PID 230549

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 11/18/2024

### AGENCY INFORMATION

| Organization   | Suborganization                | Title               |
|----------------|--------------------------------|---------------------|
| Wakulla County | Elected Constitutional Officer | County Commissioner |

### Net Worth

My Net Worth as of November 18, 2024 was \$ 721,802.00.

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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 \$ 212,200.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                                           | Value of Asset |
|--------------------------------------------------------------------------------|----------------|
| Home 112 Lake Ellen Cir, Crawfordville FL                                      | \$ 348,930.00  |
| Lots Lake Ellen Terrace Unit 2 D01, D02                                        | \$ 14,302.00   |
| Fed Retirement Thrift Savings PO Box 979004 St Louis MO 63197                  | \$ 88,724.00   |
| Socks, mutual funds, cash Wells Fargo 3320 Thomasville Rd Tallahassee FL 32308 | \$ 56,703.00   |
| IRA Ameriprise 753 Ameriprise Financial Cntr MPLS MN 55474                     | \$ 32,193.00   |
| Retirement State of Florida FRS                                                | \$ 37,766.00   |
| Capital One PO Box 60 St Cloud MN 56302                                        | \$ 76,514.00   |
| Note Receivable Zelle & Sara Robinson                                          | \$ 44,740.00   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor               | Address of Creditor           | Amount of Liability |
|--------------------------------|-------------------------------|---------------------|
| Mortgage serviced by Mr Cooper | PO Box 650783 Dallas TX 75265 | \$ 189,610.00       |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**Income**

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income                    | Amount       |
|--------------------------------------------|------------------------------------------------|--------------|
| Distribution Thrift Savings Plan           | PO Box 979004 St Louis MO 63197                | \$ 11,000.00 |
| Retirement OPM                             | PO Box 45 Boyers PA 16017                      | \$ 12,677.00 |
| Interest Capital One Bank                  | PO Box 60 St Cloud MN 56302                    | \$ 2,772.00  |
| Social Security                            | 6401 Security Blvd Baltimore MD 21235          | \$ 24,712.00 |
| Wakulla County BOCC                        | 3056 Crawfordville HWY, Crawfordville FL 32327 | \$ 40,020.00 |

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

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

***Charles A Hess PhD***

Digitally signed: 12/08/2024

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