

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

Filed with COE: 01/05/2025

General Information

Name: Mr James E Flowers

PID 44300

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

AGENCY INFORMATION

Organization	Suborganization	Title
Liberty County School Board	Elected Constitutional Officer	School Board Member District I

Net Worth

My Net Worth as of November 18, 2024 was \$ 72,890.00.

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 \$ 72,890.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Toyoto Finance	Mobile, Al. 36691	\$ 32,495.00
Service Fnance	BacoRaton, Fl. 33432	\$ 9,000.00
Elan Financial Services	St. Louis, MO. 63179	\$ 18,455.00

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
Florida Retirement System	PO Box 9000 Tallahassee, Fl	\$ 67,531.00
Liberty County School Board	PO Box 429 Bristol, FL. 32321	\$ 31,162.00
Social Security	2002 Old St. Augustine Rd. Tallahassee FL. 32301	\$ 22,867.00

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.

James E Flowers

Digitally signed: 01/05/2025

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