

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

Filed with COE: 01/18/2025

General Information

Name: Mrs Shirley Owens

PID 246566

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 11/19/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Holmes County	Value Adjustment Board	School Board Member, District 4
Holmes County School District	Elected Constitutional Officer	School Board Member, District 4

Net Worth

My Net Worth as of November 19, 2024 was \$ 658,980.00.

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 \$ 52,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
4 bedroom House @1672 highway 173 Graceville	\$ 265,000.00
2019 Toyota	\$ 20,000.00
ram 2020	\$ 45,000.00
People Bank	\$ 54,500.00
Edward Jones	\$ 274,980.70

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		

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
State of Florida Retirement	Tallahassee FL	\$ 34,628.00
Holmes District School Board	Bonifay Florida	\$ 28,333.07
Social Security Administration	Tallahassee	\$ 23,155.00

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.

Shirley Owens

Digitally signed: **01/18/2025**

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