

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

Filed with COE: 01/30/2025

General Information

Name: SCOTT PHILLIPS

PID 243952

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

AGENCY INFORMATION

Organization	Suborganization	Title
Liberty County	Elected Constitutional Officer	COUNTY COMMISSIONER
Liberty County	Value Adjustment Board	Value Adjustment Board Member

Net Worth

My Net Worth as of November 19, 2024 was \$ 345,000.00.

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 \$ 45,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
12 Acres 267 Gadsden Co	\$ 40,000.00
34860 NE CR 67	\$ 50,000.00
WF ck/sav	\$ 50,000.00
Morgan Stanley retirement	\$ 190,000.00
Well Drilling Equipment	\$ 10,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Vystar CU	Tallahassee, FL	\$ 19,000.00

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
FL Rural water Association	2770 Wellington Cir Tallahassee	\$ 55,341.00
Liberty Co BOCC	PO Box 399 Bristol FL	\$ 27,202.00

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.

SCOTT PHILLIPS

Digitally signed: 01/30/2025

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