

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 02/03/2025

General Information

Name: Melissa Arnold

PID 288514

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 01/06/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Okeechobee County	Elected Constitutional Officer	Supervisor Of Elections

Net Worth

My Net Worth as of January 6, 2025 was \$ 350,000.00.

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 \$ 17,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
987 SW 20th Ave	\$ 342,793.00
Southstate Bank	\$ 11,823.00
TIAA Cref	\$ 3,400.00
Livestock	\$ 40,000.00
FRS	\$ 71,000.00
Ford Excursion	\$ 4,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mutual of Omaha	1 Corporate Drive, Suite 360 Lake Zurich IL 60047	\$ 205,904.00
Huntington National Bank	1405 Xenium Lane N Plymouth MN 55441	\$ 32,000.00

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, 2025, 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
Okeechobee Supervisor of Elections	Okeechobee County	\$ 5,671.60

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.

Melissa Arnold

Digitally signed: **02/03/2025**

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