

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

Filed with COE: 03/14/2025

General Information

Name: Mrs Mary S Bolla

PID 267733

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

AGENCY INFORMATION

Organization	Suborganization	Title
Clay County School Board	Elected Constitutional Officer	Board Chairman

Net Worth

My Net Worth as of November 19, 2024 was \$ 1,289,790.00.

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 \$ 21,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
925 Longridge Ct Orange Park FL	\$ 309,144.00
13102 Village Point Ln Winchester WI	\$ 264,000.00
TIAA/CREF Retirement Account	\$ 513,530.00
DROP Allocation	\$ 95,740.00
Checking and Savings	\$ 7,492.00

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
Clay County District Schools	900 Walnut St Green Cove Springs FL	\$ 40,647.00
Social Security/Railroad Retirement	844 Rush St Chicago IL	\$ 38,237.00

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.

Mary S Bolla

Digitally signed: **03/14/2025**

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