

**OF FINANCIAL INTERESTS**

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:  
**SUGGS KELLY FRANKLIN**

MAILING ADDRESS:  
**9000 SW 106TH TER**

CITY: **GAINESVILLE** ZIP: **32608** COUNTY: **ALACHUA**

NAME OF AGENCY:  
*Alachua County Property Appraiser*

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**ALACHUA COUNTY PROPERTY APPRAISER**

CHECK IF THIS IS A FILING BY A CANDIDATE

20 JUN 11 PM 1:11

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 9TH, 20 20 was \$ 32,715.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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 effects (described above) is \$ 73,700

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
REAL PROPERTY- 9000 SW 106TH TERRACE, GAINESVILLE, FL 32608	\$44,476
CHECKING/SAVINGS- ALLIANCE BANK	\$2,359
CHECKING- AMERIS BANK	\$6,255
CASH ON HAND	\$1,150

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLORIDA CREDIT UNION/ PO BOX 5549 GAINESVILLE, FL 32627	\$13,000
SUNSTATE CREDIT UNION/ PO BOX 1162 GAINESVILLE, FL 32627	\$31,000
WELLS FARGO BANK/ PO BOX 105632 AT;ANTA, GA 30348	\$49,575
CARE CREDIT/ PO BOX 965048 ORLANDO, FL 32896	\$1,650

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
FLORIDA RETIREMENT SYSTEM	1801 HERMITAGE BLVD TALLAHASSEE FL	\$20,880
SOCIAL SECURITY	6401 SECURITY BLVD BALTIMORE, MD	\$16,008

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
KELLY SUGGS LLC	American National Realty Co	78620 Peterd Rd, Plantation,	Property Management
			Property Management

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	KELLY SUGGS LLC		
ADDRESS OF BUSINESS ENTITY	9000 SW 106th Terrace, Gain		
PRINCIPAL BUSINESS ACTIVITY	CONSULTING		
POSITION HELD WITH ENTITY	OWNER/MANAGER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	SOLE PROPRIETOR		

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me by means of

physical presence or  online notarization, this 11 day of

June, 2020 by Kelly Suggs

(Signature of Notary Public) TE CARRERAS  
 Notary Public-State of Florida  
 Commission # GG 953846  
 My Commission Expires February 02, 2022

Personally Known  OR Produced Identification

Type of Identification Produced FL Drivers License

Kelly Suggs  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**