

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:

ALFORD MARY CATHERINE

MAILING ADDRESS:

13880 SW 173 RD CT.

2022 JUN 10 PM04:37

CITY:

ARCHER

ZIP:

32018

COUNTY:

ALACHUA

NAME OF AGENCY:

ALACHUA COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSIONER D.1

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 DEC 31, 20 21 was \$ 189,000.

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 \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
REAL PROPERTY 1904 E UNIV AVE	\$ 225,000
<del>HOUSEHOLD GOODS &amp; PERSONAL EFFECTS</del> NA	<del>\$ 60,000</del>

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
RADIANT CREDIT UNION CARE HOUSE	\$ 34,000
MORTGAGE - JANIVE GORDAN / VINEYARD BAYARD	\$ 59,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

**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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.  
 [(If you check this box and attach a copy of your 2020 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
ALACHUA COUNTY	12 SE 1ST ST GAINESVILLE FL	\$79686.57
UNIVERSITY OF FL	PO BOX 113201 GAINESVILLE FL	\$1000.00

**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
UNIVERSITY OF FL	STIPEND	PO BOX 113201 GAINESVILLE FL	NA

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	NA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

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 10<sup>th</sup> day of

June, 2022 by Mary C. Alford

Yvette Carreras  
 (Signature of Notary Public--State of Florida)

Mary C. Alford  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

YVETTE CARRERAS  
 (Print, Type, or Stamp)  
 Notary Public, State of Florida  
 Commission # 10006840  
 My Commission Expires February 2024  
 Personally Known   
 Type of Identification Produced US PASSPORT

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