

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:

Burke - Kristen - T.

MAILING ADDRESS:

1812 County Road 209b

CITY : ZIP : COUNTY :
Green Cove Springs 32043 Clay

NAME OF AGENCY :
Clay County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Clay County Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 12/31, 20 19 was \$ 213,000.

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 \$ 530,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House	\$350,000
Mini Cooper	\$5,000
Household Goods	\$100,000
Boat	\$75,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
House - Shellpoint, P.O. Box 10826, Greenville, SC 29603	\$250,000
Boat - Vystar, 2310 Village Parkway, Fleming Island, FL 32003	\$67,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
Fleming Island Family Chiropractic	1835-3 East West Parkway, Fleming Island	\$64,000

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Fleming Island Chiro, Inc.	Junque In the Trunk, Inc.	HB's Southern Cove Creator
ADDRESS OF BUSINESS ENTITY	1835-EW Pkwy, Fleming Is.	2505 Moody Blvd, Flagler Bc	2497 CR 220, Middleburg
PRINCIPAL BUSINESS ACTIVITY	Chiro/health clinic	Antique/consignment store	Custom furniture design
POSITION HELD WITH ENTITY	President	Treasurer	Vice-President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	25%	50%
NATURE OF MY OWNERSHIP INTEREST	Stock	Stock	Stock

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 Clay

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9 day of

June, 2020 by Kristen Burke

Valarie Wright
 (Signature of Notary Public--State of Florida)

Valarie Wright
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Commission # GG 941584
 Expires September 19, 2023
 Bonded Thru Troy Fain Insurance SUC-365-7019

Personally Known _____ OR Produced Identification

Type of Identification Produced FLDL B6 20-518-70-7470 SEP 07-2020

Kristen
 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.