

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

PLATT Thomas HERBERT

MAILING ADDRESS:

2254 TRAILWOOD DRIVE

FLEMING ISLAND 32003-4928 CLAY

CITY: ZIP: COUNTY:

CLAY COUNTY TAX COLLECTOR

NAME OF AGENCY:

TAX COLLECTOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Recvd 2020JUN10AM11:42

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, 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 9, 20 20 was \$ 72,531.74.

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 \$ 187,600

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| REAL PROPERTY, household goods | \$ 187,600.00 |
| | |
| | |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| Wells Fargo, PO Box 14547, Des Moines, IA 50306 | \$ 96,770.00 |
| Vystar, PO Box 45085, Jacksonville, FL 32232 | \$ 12,816.26 |
| | |

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 |
|--|--|-----------|
| LEVI STRAUSS & CO. PENSION | Fidelity, 100 Magellan Wy, ^{KY 41015} Covington, KY | 13,522.20 |
| SJR State College | 5001 St. Johns Ave, Palatka, FL ³²⁹⁰³ | 17,500.00 |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| | | | |
| | | | |

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 | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

PART F - TRAINING

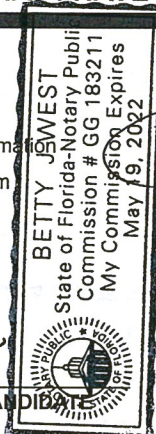
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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.

Thomas H Platt
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



STATE OF FLORIDA
 COUNTY OF Clay
 Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10 day of June, 2020 by Betty J West
 (Signature of Notary Public--State of Florida)
Betty J West
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known OR Produced Identification
 Type of Identification Produced _____

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

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

ADDENDUM TO FORM 6 – EFFECTIVE January 1, 2020

[Page 2-A]

Thomas H. Platt

[Write-in Candidate for Clay County Tax Collector]

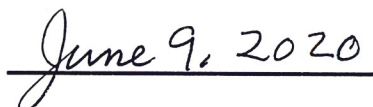
PART D – INCOME

St. Johns River State College¹ – 401(a) 2019 = \$17,500.00

Social Security 2019 = \$25,746.00



Thomas H. Platt



Date Signed

¹ Address of St. Johns River State College 401(a) is:
Charles Schwab Trust Bank, St. Johns River State College 401A, 2309 Gracy Farms Ln, Austin, TX 78758

