

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:
 Condon, Elizabeth

MAILING ADDRESS:
 6880 Crystal Lake Rd

CITY: ZIP: COUNTY:
 Keystone Heights 32656 Clay

NAME OF AGENCY :
 Clay County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 County Commissioner District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

Recvd 2022JUN14AM11:54

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 June 30, 20 22 was \$ 800,000.

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 \$ 150000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
IRA	\$115,000
Stocks	\$47,000
Home	\$660,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
David Wasik Estate, 51386 Johns Dr., New Baltimore, MI 48047	\$150,000
Ally Bank truck loan co-sign, Sandy, UT	\$22,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital City Bank, 100 Green Way, Keystone Heights, FL, 32656 - commercial mortgage	\$645,000

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
Clay County BOCC	477 Houston St., GCS, FL 32043	2846/mo

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	Auxadyne LLC	JBC Holdings LLC	Condon & Assoc.
ADDRESS OF BUSINESS ENTITY	200 NE Commercial Cir., KH 32656	6880 Crystal Lake Rd, KH, 32656	6880 Crystal Lake Rd, KH, 32656
PRINCIPAL BUSINESS ACTIVITY	Manufacturing	Real Estate	manufacturing consulting
POSITION HELD WITH ENTITY	CEO/Owner/Member	Owner/Manager	Owner/Manager
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	yes
NATURE OF MY OWNERSHIP INTEREST	majority owner	owner	owner

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 Clay

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 6th day of

June, 2022 by Elizabeth A. Condon

Teresa L. Capo
 (Signature of Notary Public--State of Florida)

Teresa L. Capo
 (Print, Type, or Stamp Commissioned Name of Notary Public) Commission # HH 217640
 Expires February 24, 2026

Personally Known OR Produced Identification

Type of Identification Produced _____

Elizabeth A. Condon
 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