2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/19/2024

General Information

Name:

Hon Kristina Keller Mobley

CONFIDENTIAL

Address:

Redacted

PID 260909

County:

Clay

AGENCY INFORMATION

Organization

Suborganization

Title

Judicial Circuit (4Th)

Elected Constitutional Officer

County Judge

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

Fourth Judicial Circuit, County Judge, Clay

County Judge Group 2

County

Net Worth

My Net Worth as of April 1, 2024 was \$ 572,658.00.

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Assets

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 effect is \$35,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset		
Homestead property: Redacted	\$ 785,400.00		
Mother-in-law's home: Redacted	\$ 278,664.00		
Vehicle: 2023 Lexus RX500H	\$ 57,424.00		
Community First Credit Union, FL	\$ 105,484.96		
Wesleyan Investment Foundation	\$ 18,680.09		

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability	
Homestead property: PHH Mortgage	PO Box 24738 W Palm Beach, FL 33416	\$ 516,946.50	
Mother-in-Law's home: PO Box 619063 Dallas, TX 75261-9063		\$ 127,315.16	
Vehicle: Community First Credit Union of FL	PO Box 43010 Jacksonville, FL 32203-3010	\$ 63,734.39	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

The state of the s	Address of Creditor	Amount of Liability
N/A		

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Name of Source of Income Exceeding \$1,000 Address of Source of Income State of Florida 200 E Gaines St. Tallahassee, FL 32399-0356 \$180,616.08 SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person): Name of Business Entity Name of Major Sources of Business' Income Address of Source Activity of Source N/A	Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's w	e copy of your 202 rity or account nui vebsite.	23 federal incon mbers before at	ne tax return, including all V ttaching your returns, as the	W2s, schedules, e law requires tl	and attachments.
State of Florida 200 E Gaines St. Tallahassee, FL 32399-0356 \$ 180,616.08 SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person): Name of Business Entity Name of Major Sources of Business' Income Address of Source Principal Business Activity of Source	PRIMARY SOURCES OF INCOM	E:				
SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person): Name of Business Entity Name of Major Sources of Business' Income Address of Source Address of Source Address of Source	Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of Income	建制度 集	Amount
Business' Income Address of Source Activity of Source	State of Florida		200 E Gaines S	St. Tallahassee, FL 32399-03	156	\$ 180,616.08
	N/A		W y to			Oroduree
Interests in Specified Businesses	Interests in Specified	Businesses				

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Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Kristina Keller Mobley

Digitally signed: 04/19/2024

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