### 2023 Form 6 - Full and Public Disclosure of Financial Interests

#### **General Information**

Name:

Lucinda Uribe

Address:

37154 GOLDENROD CT, DADE CITY, FL 33523

County:

Organization

Suborganization

Title

N/A

**CANDIDATE FOR** 

**Position** 

**Agency Name** 

Position sought or held

Mayor for a City, Town or Village

City of Dade City

City Commissioner group 3

#### **Net Worth**

My Net Worth as of <u>December 31, 2023</u> was <u>\$ 62,586.00</u>.

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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 \$6,300.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
37154 Goldenrod Court Dade City Florida 33523	\$ 140,500.00
Suncoast School Federal Credit Union	\$ 1,747.53
See Attached	

#### Liabilities

#### LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Freedom Loan Resloution	14351 Myford Rd, Suite 214 Tustin, CA. 92780 (888) 780-6225	\$ 66,214.00
See Attached		

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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Income						
Identify each separate source a income. Or attach a complete Please redact any social securit posted to the Commission's we	copy of your 202 cy or account nu	22 federal incon	ne tax return, including all \	W2s, schedules	s, and attachments.	
l elect to file a copy of my 2	2023 federal inco	ome tax return a	and all W2s, schedules, and	attachments.		
PRIMARY SOURCES OF INCOME	:					
Name of Source of Income Exceeding \$1,000		Address of Source of Income			Amount	
Social Security Administration		P.o. Box 6762	0 Wilkes-Barre , Pa 18767-7	7630	\$ 12,864.00	
See Attached						
Name of Business Entity  Candidate did not complete section.	Business' Inc	or Sources of ome	Address of Source	and the second s	Principal Business Activity of Source	
Interests in Specified E	Businesses					
Business Entity # 1						
N/A						

## **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.

# Lucinda Uribe

Digitally signed: 02/12/2024