FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
HALL DON THOMAS

MAILING ADDRESS:
115 E. OAK STREET

SUITE 201

CITY: ARCADIA ZIP: 34266 COUNTY: DESOTO

NAME OF AGENCY:
JUDICIAL CIRCUIT (12TH)

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
CIRCUIT JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

CONFIDENTIAL

FLORIDA COMMISSION ON ETHICS
JUN 27 2022
RECEIVED
33068

PROCESSED

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 21, 20 22 was $ 8,286,000.

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 $ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
PLEASE SEE ATTACHED EXHIBIT "A"	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PLEASE SEE ATTACHED EXHIBIT "B"	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2021 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
SALARY	State of Florida Comptroller	165,509.04
7/11 Rental Property in Lee County	Pine Island FL	150,000.00

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	7/11 rental property	Tiger Bay Ranch	3-H Partnership
ADDRESS OF BUSINESS ENTITY	Pine Island FL	[redacted]	
PRINCIPAL BUSINESS ACTIVITY	convenience store	Agriculture Entity	Cattle/Horse Operation
POSITION HELD WITH ENTITY	Partner	Owner/Operator	Partner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Partner	Owner	1/3

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.

Don T Hall

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF DeSoto

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 21 day of June, 2022 by Don T. Hall.

(Signature of Notary Public--State of Florida)

Jessica Anita Collins

(Print, Type, or Stamp Commissioned Name of Notary Public)

JESSICA ANITA COLLINS
Commission # GG 282681
Expires January 10, 2023
Bonded Thru Troy Fain Insurance 800-385-7019

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 ☐

EXHIBIT "A"

PART B ASSETS VALUED AT OVER $1,000.00

1. UNDIVIDED ONE-HALF INTEREST IN 4,000 ACRE CATTLE RANCH, [redacted]
$3,000,000.00

2. UNDIVIDED ONE-QUARTER INTEREST IN 54 ACRES UNIMPROVED LAND, [redacted] COUNTY.
$100,000.00

3. UNDIVIDED ONE-THIRD INTEREST IN CATTLE
$100,000.00

4. HOME- [redacted]
$700,000.00

5. STATE OF FLORIDA DEFERRED COMPENSATION
$1,100,000.00

6. HORSES $70,000.00

7. ½ INTEREST IN 8 ACRES , [redacted] COUNTY
$100,000.00

8. EQUIPMENT $250,000.00

9. CASH $50,000.00

10. ½ INTEREST IN 7/11 PROPERTY IN PINE ISLAND, FL
$3,000,000.00

TOTAL ASSETS $8,470,000.00

EXHIBIT "B"

PART C LIABILITIES IN EXCESS OF $1,000.00

1. John Deere Credit	90,000.00
2. Sun Coast Federal Credit Union	94,000.00
TOTAL LIABILITIES	$184,000.00