FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

LAST NAME — FIRST NAME — MIDDLE NAME:
WILLIAMS, WILLIAM F.

MAILING ADDRESS:
SUWANNEE COUNTY COURTHOUSE
200 S. OHIO AVE. ANNEX

CITY: LIVE OAK | ZIP: FL | COUNTY: 32060

NAME OF AGENCY: JUDICIAL, 3rd CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT: SUWANNEE JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:

PROCESSED
FLORIDA COMMISSION ON ETHICS
JUL 28 2022
RECEIVED
2366051

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 30 JUNE, 20 22 was $ 981,561.19.

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 $ 115,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
(HOME) 12974 92nd ST. LIVE OAK, F 32060	385,000.00
(2d HOME) 20052 STONE PINE CIRCLE, LOT 2, FL 33558	375,000.00
DROP	393,189.50
DEFERED COMPENSATION	283,935.80

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE: PNC BANK PO BOX 8703 DAYTON OH	276,167.00
MORTGAGE: FIRST FEDERAL/LOANCARE 3637 SENTARA WAY VIRGINIA Beach, VA	245,472.00
DEFERRED COMPENSATION LOAN	20,285.11
CARMAX AUTO LOAN 12800 TUCKAHOE CREEK PKWY, Richmond VA.	20,138.00

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

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
N/A			

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	N/A		
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

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.

William F Williams

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Suwannee

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 25th day of July, 20 22 by William F. Williams

Linda Joyce Cameron
(Signature of Notary Public--State of Florida)

LINDA JOYCE CAMERON
MY COMMISSION # GG 950537
EXPIRES: April 22, 2024
Bonded Thru Notary Public Underwriters

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

Personally Known A 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 ☐

Form **1040-SR** Department of the Treasury—Internal Revenue Service (99) **U.S. Tax Return for Seniors** | **2021** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
William F	Williams, III	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Myong H	Williams	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
12974 92nd Street

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Live Oak FL 32060

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ▶ ☐ Yes ☒ No

Standard Deduction
Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness
You: ☒ Were born before January 2, 1957 ☐ Are blind
Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions): (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) ✔ if qualifies for (see instructions): Child tax credit | Credit for other dependents

If more than four dependents, see instructions and check here ▶ ☐

Attach Schedule B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	184,623.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				7	
8	Other income from Schedule 1, line 10				8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	184,623.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income** ▶				11	184,623.

Standard Deduction See *Standard Deduction Chart* on the last page of this form.

12a	**Standard deduction or itemized deductions** (from Schedule A)	12a	26,450.		
	b Charitable contributions if you take the standard deduction (see instructions)	12b	600.		
	c Add lines 12a and 12b			12c	27,050.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	27,050.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	157,573.
16	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____			16	26,163.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	26,163.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812			19	
20	Amount from Schedule 3, line 8			20	
21	Add lines 19 and 20			21	
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	26,163.
23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	0.
24	Add lines 22 and 23. This is your **total tax** ▶			24	26,163.
25	Federal income tax withheld from:				
	a Form(s) W-2	25a	23,619.		
	b Form(s) 1099	25b			
	c Other forms (see instructions)	25c			
	d Add lines 25a through 25c			25d	23,619.
26	2021 estimated tax payments and amount applied from 2020 return			26	

If you have a qualifying child, attach Sch. EIC.

27a	Earned income credit (EIC) No	27a			
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions ▶ ☐				
	b Nontaxable combat pay election	27b			
	c Prior year (2019) earned income	27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** ▶			32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶			33	23,619.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** 34

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ▶ ☐ 35a

Direct deposit? See instructions.

▶b Routing number x x x x x x x x x ▶c Type: ☐ Checking ☐ Savings

▶d Account number x x x x x x x x x x x x x x x x

36 Amount of line 34 you want **applied to your 2022 estimated tax** . . . . . ▶ 36

Amount You Owe

37 **Amount you owe.** Subtract line 33 from line 24. For details on how to pay, see instructions . . . . . ▶ 37 2,544.

38 Estimated tax penalty (see instructions) . . . . . ▶ 38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
W F L	16 APRIL 2022	Judge	
Spouse's signature. If a joint return, ~~both~~ must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Myong Nui Williams	16-04-22	Homemaker	
Phone no. (386) 208-2016	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ▶ Self-Prepared			Phone no.	
Firm's address ▶			Firm's EIN ▶	

Control Number

☐ CORRECTED (if checked)

12/13/2021

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200	$52256.61	2021	
	2a Taxable amount $52256.61	Form 1099-R	
PAYER'S TIN 34-0727612 / RECIPIENT'S TIN *****[redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WILLIAM F WILLIAMS III 12974 92ND STREET LIVE OAK FL 32060-6314	4 Federal income tax withheld $7577.31	7 Distribution code 7	Copy 2 File this copy with your state, city, or Local income tax return when required
	9 Your percentage of total distribution %		
	14 State tax withheld $0.00	15 State/Payer's state no.	
	$0.00		
	12 FATCA Filing Requirement ☐	Retired 01012021-12312021	

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

Control Number

☐ CORRECTED (if checked)

12/13/2021

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200	$52256.61	2021	
	2a Taxable amount $52256.61	Form 1099-R	
PAYER'S TIN 34-0727612 / RECIPIENT'S TIN ****[redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WILLIAM F WILLIAMS III 12974 92ND STREET LIVE OAK FL 32060-6314	4 Federal income tax withheld $7577.31	7 Distribution code 7	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
	9 Your percentage of total distribution %		
	14 State tax withheld $0.00	15 State/Payer's state no.	
	$0.00		
	12 FATCA Filing Requirement ☐	Retired 01012021-12312021	This information is being furnished to the Internal Revenue Service

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

Control Number

☐ CORRECTED (if checked)

12/13/2021

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200	$52256.61	2021	
	2a Taxable amount $52256.61	Form 1099-R	
PAYER'S TIN 34-0727612 / RECIPIENT'S TIN *****[redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code WILLIAM F WILLIAMS III 12974 92ND STREET LIVE OAK FL 32060-6314	4 Federal income tax withheld $7577.31	7 Distribution code 7	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service
	9 Your percentage of total distribution %		
	14 State tax withheld $0.00	15 State/Payer's state no.	
	$0.00		
	12 FATCA Filing Requirement ☐	Retired 01012021-12312021	Keep this copy for your records

orm 1099-R (8-99) Department of the Treasury - Internal Revenue Service

a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	22-25-03-61-110	0000000005

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	132,366.48	16,041.56

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	142,800.00	8,853.60
	5 Medicare wages and tips 156,366.48	6 Medicare tax withheld 2,267.31
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
017539 01/06		G 24,000.00

e Employee's first name, mi, and last name	13 Statutory employee ☐	Retirement plan ☐	Third-Party sick pay ☐	12b
WILLIAM F WILLIAMS III 12974 92ND ST LIVE OAK, FL 32060-6314				DD 21,972.96
	14 Other 125 2,892.60			12c
				12d
				12e

f Employee's address and ZIP code

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2021**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

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a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	22-25-03-61-110	0000000005

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	132,366.48	16,041.56

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State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	142,800.00	8,853.60
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WILLIAM F WILLIAMS III 12974 92ND ST LIVE OAK, FL 32060-6314				DD 21,972.96
	14 Other 125 2,892.60			12c
				12d
				12e

f Employee's address and ZIP code

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2021**

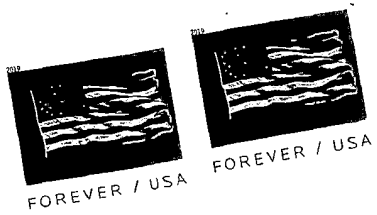
OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA127W Rev. 07/12/2021

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

WILLIAM F. WILLIAMS, III
COUNTY COURT JUDGE
SUWANNEE COUNTY COURTHOUSE
200 SOUTH OHIO AVENUE
LIVE OAK, FLORIDA 32064



COMMISSION ON ETHICS
P O BOX 15709
TALLAHASSEE, FLORIDA 32317

32317B5709 B033