CONFIDENTIAL

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:
Campbell Lisa D.

MAILING ADDRESS:
800 E. Twiggs Street Tampa FL 33602

CITY: | ZIP: | COUNTY:
13th Judicial Circuit

NAME OF AGENCY:
Circuit Court Judge

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:

PROCESSED
FLORIDA COMMISSION ON ETHICS
AUG 24 2022
RECEIVED
13078

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 $ 1,121,557.48.

PART B -- ASSETS Addendum attached.

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 $ $100,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Suncoast Credit Union Savings Acct	7,200.00
Suntrust IRA	11,333.00
Suntrust Checking Acct.	4,792.00
SunTrust Savings Acct	7,980.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Michigan Mutual 1 Corporate Drive Lake Zurich, IL 60047-8945	$497,035
Mr. Cooper P.O. Box 60516 City of Industry, CA 91716-0516	$47,104.00

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
Salary - State of Florida	Salary 200 E Gaines St. Tallahassee FL	165,000
rental income (2021 June 2022	Hillsborough County property [redacted]	8,460.00

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
	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			
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.

Lisa D Campo

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 30th day of June, 20 22 by [redacted].

Tameshia Cofer

(Signature of Notary Public--State of Florida)

Tameshia Cofer

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

TAMESHIA COFER
MY COMMISSION # HH 077714
EXPIRES: January 6, 2025
Bonded Thru Notary Public Underwriters

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 ☐

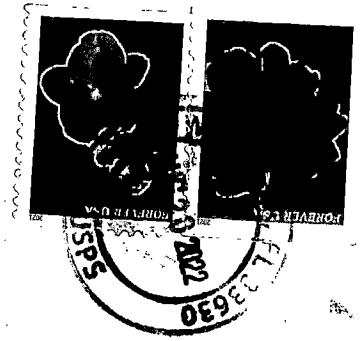
Lisa D. Campbell
800 East Twiggs Street Tampa, FL 33602
813 307 4750
Page 2 Financial disclosure ADDENDUM of ASSETS (cont'd)
As of June 29, 2022

Description of Assets:

*Residence confidential listing pursuant to FS 119.071	$123,201
*Residence confidential listing pursuant to FS 119.071	$251, 335
* Residence and real property confidential listing pursuant to FS 119.071	$175, 952
* Residence confidential listing pursuant FS 119.071	$204, 974
State Deferred compensation	$ 501, 264.10
Investment account/Pershing/BNY Mellon	$117,021
ROTH/Pershing Advisor Solutions LLC,	$133,094.38
State FARM Mutual funds	$750.00
US SAVINGS BOND	$7,800.00
~~State Farm~~ US Bank State Farm Bank (formerly) bank	$75,000.00
Life insurance surrender value (MONY)	$17,000.00
Life insurance surrender value (PRUDENTIAL)	$15,000.00
Life insurance surrender value (STATE FARM)	$10,000.00

*FN These locations are confidential locations, Please redact pursuant FS 119.071 [redacted]

Lisa D Campbell
900 E. Jurgis St. #3206.
Tampa, FL 33602



Commission on Ethics.
P.O. Drawer 15709
Tallahassee, FL 32317-5709

32317857099 B039