2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2025

General Information

Name: Hon Lisa Denise Campbell

CONFIDENTIAL

PID 13078

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (13Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of March 30, 2025 was $ 1,911,374.47.

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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 $ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
{REDACTED} Confidential FS 119.071	$ 151,846.00
{REDACTED} Confidential FS 119.071	$ 258,098.00
{REDACTED} Confidential FS 119.071	$ 166,773.00
{REDACTED} Confidential FS 119.071	$ 224,358.00
{REDACTED} Confidential FS 119.071	$ 504,000.00
State Deferred Compensation	$ 672,861.00
Investment Account/Pershing Mutual Fund Acct	$ 66,746.00
ROTH/Pershing Advisor Solutions LLC	$ 140,892.00
US Savings Bonds	$ 7,800.00
U.S. Bank Formerly State Farm 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
Suncoast Credit Union Savings Account	$ 8,700.00
Truist IRA	$ 11,333.00
Truist Checking Account	$ 7,921.00
Truist Savings Account	$ 8,800.00
Car Value	$ 5,900.00
Prepaid College Fund - State of Florida	$ 41,067.00
State Farm Brokerage Acct - Shares Black Rock	$ 8,725.47

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper	P.O. Box 60516 City of Industry, CA 91716-0576	$ 27,207.00
Michigan Mutual	1 Corporate Drive Suite 360, Lake Zurich, IL 60047	$ 464,239.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
Salary State of Florida	200 E Gaines St. Tallahassee, FL 32301	$ 196,898.04
Rental Income	{REDACTED} Confidential FS 119.071	$ 11,400.00

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
N/A			

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Interests in Specified Businesses

Business Entity # 1
N/A

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.

Lisa Denise Campbell

Digitally signed: **06/26/2025**

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