

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 06/17/2026

General Information

Name: Hon John O McGowan

CONFIDENTIAL

PID 211384

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 12/31/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (20Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of December 31, 2025 was \$ 1,646,165.15.

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.

The aggregate value of my household goods and personal effect is \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 1,008,000.00
Wells Fargo	\$ 12,500.00
Nissan 09	\$ 2,090.00
Jeep 20	\$ 20,900.00
Nissan 17	\$ 13,194.00
FL Retirement Pension	\$ 999,750.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mortgage Citizens	PO Box 42111 Providence RI 02940	\$ 366,218.85
Lake Michigan Credit Union	3003 Tamiami Trail North Naples FL 34103	\$ 40,000.00
Carmax	PO Box 440609 Kennesaw GA 30160	\$ 19,330.00
Suncoast	6801 East Hillsborough Ave Tampa FL 33680	\$ 9,720.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 E Gains St Tallahassee FL 32399	\$ 196,898.04

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			

Interests in Specified 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 6F and that the facts stated in it are true.

John O McGowan

Digitally signed: 06/17/2026

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