

## 2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/23/2025

### General Information

Name: Hon Gary Paul Flower

**CONFIDENTIAL**

**PID 52269**

### AGENCY INFORMATION

| Organization           | Suborganization                | Title        |
|------------------------|--------------------------------|--------------|
| Judicial Circuit (4Th) | Elected Constitutional Officer | County Judge |

### Net Worth

My Net Worth as of December 31, 2024 was \$ 3,979,715.00.

**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 \$ 300,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset   | Value of Asset  |
|------------------------|-----------------|
| {REDACTED}             | \$ 1,862,500.00 |
| {REDACTED}             | \$ 750,000.00   |
| {REDACTED}             | \$ 750,000.00   |
| Wells Fargo            | \$ 45,400.00    |
| Northwest Mutual       | \$ 101,332.00   |
| ING Deferred Comp      | \$ 560,581.00   |
| Cash                   | \$ 97,000.00    |
| Fidelity Investments   | \$ 42,250.00    |
| State Farm             | \$ 4,500.00     |
| USB Financial Services | \$ 89,652.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                    | Amount of Liability |
|------------------|----------------------------------------|---------------------|
| Cenlar           | 425 Phillips Blvd, Ewing, NJ 08618     | \$ 575,000.00       |
| SBA              | P.O. Box 3918, Portland, OR 97208-3918 | \$ 44,000.00        |

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        |
|--------------------------------------------|-----------------------------------------|---------------|
| The State of Florida (salary)              | 200 East Gaines Street, Tallahassee, FL | \$ 180,616.08 |

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

**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.

***Gary Paul Flower***

Digitally signed: 05/23/2025

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