

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Hon Joseph Franklin Grammer III

CONFIDENTIAL

PID 8779

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 08/30/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (14Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of August 30, 2024 was \$ 809,646.56.

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 \$ 78,001.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
residence{REDACTED}	\$ 217,211.00
bank accounts--Tyndall FCU	\$ 106,026.17
bank account--Trustmark	\$ 67,706.82
shares--MetLife	\$ 2,110.05
DROP funds	\$ 150,287.58
VOYA deferred comp funds	\$ 178,303.94

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

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, 2024, 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 salary	200 E Gaines St, Tallahassee	\$ 117,357.36
DROP distribution rollover	FRS, PO Box 9000, Tallahassee	\$ 150,287.58
Social Security Administration	6401 Security Blvd, Baltimore	\$ 29,957.87

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.

Joseph Franklin Grammer III

Digitally signed: 06/30/2025

Filed with COE: 06/30/2025