

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/25/2025

General Information

Name: Dr Joel D Rudman

PID 299858

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative
Pensacola State College	Board Of Trustees	Trustee

Net Worth

My Net Worth as of August 24, 2025 was \$ 2,160,500.00.

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 \$ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1933 Cardinal Lane, Navarre FL	\$ 400,000.00
474 Flatwoods Forest Loop, SantaRosa Beach, FL	\$ 1,000,000.00
7552 Navarre Pkwy Ste 28 Navarre FL	\$ 300,000.00
Mass mutual ins cash value	\$ 125,000.00
Bank account 1 (REGIONS BANK)	\$ 30,000.00
BANK ACCT 2 REGIONS BANK	\$ 30,000.00
Personal account REGIONS BANK	\$ 40,000.00
SCHWAB ACCT	\$ 900,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
CENLAR	POBOX 77404, EWING,NJ	\$ 460,000.00
REGIONS BANK	PO BOX 18001 Hattiesburg MS	\$ 154,500.00
REGIONS	70 N Baylen St Pensacola, FL	\$ 55,000.00

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
HOLLEY NAVARRE MED CLINIC	7552 NavarrePkwY Ste 28	\$ 124,000.00
STATE OF FLORIDA	THE CAPITOL, TALLAHASSEE, FL 32399	\$ 25,123.00

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
HOLLEY NAVARRE MEDICAL CLINIC	PATIENTS	PO BOX 5525 NAVARRE, fl 32566	PHYSICIAN CLINIC

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☐ I certify that I have completed the required training under Section 112.3142, F.S.
- ☒ Required training under Section 112.3142, F.S., not applicable to filer 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.

Joel D Rudman

Digitally signed: 08/25/2025

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