

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

Filed with COE: 09/24/2025

### General Information

Name: Hon Janet Carney Croom

PID 238001

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 03/02/2025

### AGENCY INFORMATION

| Organization            | Suborganization                | Title         |
|-------------------------|--------------------------------|---------------|
| Judicial Circuit (19Th) | Elected Constitutional Officer | Circuit Judge |

### Net Worth

My Net Worth as of March 2, 2025 was \$ 6,000,000.00.

**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 \$ 40,000.00.

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

| Description of Asset                      | Value of Asset  |
|-------------------------------------------|-----------------|
| Real Estate, Vero Beach                   | \$ 1,000,000.00 |
| Bank/Savings/529 Accounts (Merrill Lynch) | \$ 3,100,000.00 |
| Bank/Savings Accounts (Bank of America)   | \$ 250,000.00   |
| Retirement Account (State of Arkansas)    | \$ 15,000.00    |
| Retirement Accounts (State of Florida)    | \$ 180,000.00   |
| Bank Accounts (Marine Bank)               | \$ 2,250,000.00 |
| Life Insurance (NWM Cash Value)           | \$ 123,000.00   |
| Vessel (Parker)                           | \$ 10,000.00    |

**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, 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 |
|--------------------------------------------|-----------------------------|--------|
| N/A                                        |                             |        |

## 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.

***Janet Carney Croom***

Digitally signed: 09/24/2025

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