

**General Information**

Name: Hon Robert Lawrence Ostrov

PID 316553

**AGENCY INFORMATION**

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

**CANDIDATE FOR**

| Position     | Agency Name   | Position sought or held    |
|--------------|---------------|----------------------------|
| County Judge | Hendry County | Hendry County Judge Seat 1 |

**Net Worth**My Net Worth as of December 31, 2025 was \$ 2,050,217.36.

**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 \$ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                          | Value of Asset |
|-----------------------------------------------|----------------|
| 13501 Chelmsford Street, Wellington, FL 33414 | \$ 632,700.00  |
| Vanguard Mutual Funds                         | \$ 952,540.83  |
| USAA Checking Account                         | \$ 39,110.66   |
| Wells Fargo Checking                          | \$ 73,147.35   |
| Alliance Bernstein Wealth Advisors            | \$ 382,485.00  |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor     | Address of Creditor                | Amount of Liability |
|----------------------|------------------------------------|---------------------|
| Wells Fargo Mortgage | PO Box 10335, Des Moines, IA 50306 | \$ 29,766.48        |

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 2025 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 2025 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        |
|--------------------------------------------|---------------------------------------------|---------------|
| State of Florida                           | 200 E Gaines Street, Tallahassee, FL 32399  | \$ 117,263.02 |
| Approved Consulting LLC                    | 500 Gulfstream Blvd, Delray Beach, FL 33483 | \$ 1,110.47   |
| Liberty Funding Solutions LLC              | 633 S Federal Hwy, Ft Lauderdale, FL 33301  | \$ 18,461.50  |
| American Settlement Funding LLC            | 510c Abbott Dr, Broomall, PA 19008          | \$ 4,365.55   |
| Black Square Financial LLC                 | 9955 NW 31st, Coral Springs, FL 33065       | \$ 19,510.17  |
| American Arbitration Association           | 120 Broadway, New York, NY 10271            | \$ 5,122.50   |

## 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.

***Robert Lawrence Ostrov***

Digitally signed: 04/07/2026

Filed with COE: 04/07/2026