

2025 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 05/26/2026

General Information

Name: Hon Bryan Andrew Feigenbaum

CONFIDENTIAL

PID 23954

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (7Th)	Elected Constitutional Officer	County Judge

Net Worth

This section not amended by filer.

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 N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
This section not amended by filer.	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		

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 32399-0356	\$ 184,736.92
See Attached		

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
See Attached			

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.

Amendment Reason

Explanation of changes why are you amending your previous form 6 submission?
Inadvertently clicked the wrong box and didn't catch the error until after filing.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6X and that the facts stated in it are true.

Bryan Andrew Feigenbaum

Digitally signed: 05/26/2026

Filed with COE: 05/26/2026

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

, 2025, ending

, 20

See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone

☐ Deceased

Spouse

☐ Other

Your first name and middle initial

Last name

Feigenbaum

Your social security number

If joint return, spouse's first name and middle initial

Bryan A

Last name

Feigenbaum

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

City, town, or post office. If you have a foreign address, also complete spaces below.

State

FL

ZIP code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

☐ Single

☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)

☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents

(see instructions)

If more than four dependents, see instructions and check here ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	[REDACTED]	[REDACTED]		
(2) Last name	Feigenbaum	Feigenbaum		
(3) SSN	[REDACTED]	[REDACTED]		
(4) Relationship	Son	Daughter		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☒ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☒ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	193,268.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount: _____	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	193,268.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in ☐ Line 3a	b	Taxable interest
4a	IRA distributions	4a	
c	Check if (see instructions) ☐ Rollover	b	Ordinary dividends
5a	Pensions and annuities	5a	
c	Check if (see instructions) ☐ Rollover	2	Line 3b
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐	2	QCD
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐	3	
7a	Capital gain or (loss). Attach Schedule D if required	b	Taxable amount
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	5b	
8	Additional income from Schedule 1, line 10	6b	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	7a	
10	Adjustments to income from Schedule 1, line 26	8	35,000.
11a	Subtract line 10 from line 9. This is your adjusted gross income	9	228,268.
		10	
		11a	228,268.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

BAA REV 03/25/20

Form **1040** (2025) Created 9/5/25

Tax and Credits 11b Amount from line 11a (adjusted gross income)		11b 228,268.
12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien d You: ☐ Were born before January 2, 1961 ☐ Are blind Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e Standard deduction or itemized deductions (from Schedule A)		12e 31,500.
13a Qualified business income deduction from Form 8995 or Form 8995-A		13a
b Additional deductions from Schedule 1-A, line 38		13b
14 Add lines 12e, 13a, and 13b		14 31,500.
15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income		15 196,768.
16 Tax (see instructions). Check if any from Form(s): 1 ☐ 9814 2 ☐ 4972 3 ☐		16 33,117.
17 Amount from Schedule 2, line 3		17
18 Add lines 16 and 17		18 33,117.
19 Child tax credit or credit for other dependents from Schedule 8812		19 2,700.
20 Amount from Schedule 3, line 8		20
21 Add lines 19 and 20		21 2,700.
22 Subtract line 21 from line 18. If zero or less, enter -0-		22 30,417.
23 Other taxes, including self-employment tax, from Schedule 2, line 21		23 0.
24 Add lines 22 and 23. This is your total tax		24 30,417.
Payments and Refundable Credits 25 Federal income tax withheld from: a Form(s) W-2 25a 24,530. b Form(s) 1099 25b c Other forms (see instructions) 25c d Add lines 25a through 25c 25d 24,530. 26 2025 estimated tax payments and amount applied from 2024 return 26 If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): 27a Earned income credit (EIC) 27a b Clergy filing Schedule SE (see instructions) ☐ c If you do not want to claim the EIC, check here ☐ 28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28 29 American opportunity credit from Form 8863, line 8 29 30 Refundable adoption credit from Form 8839, line 13 30 31 Amount from Schedule 3, line 15 31 32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 24,530.		
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐ 35a Direct deposit? See instructions. b Routing number X X X X X X X X X X c Type: ☐ Checking ☐ Savings d Account number X 36 Amount of line 34 you want applied to your 2026 estimated tax 36		
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions 37 5,928. 38 Estimated tax penalty (see instructions) 38 41.		
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No Designee's name Phone no. Personal identification number (PIN)		
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address		
Paid Preparer Use Only Preparer's name Preparer's signature Date PTIN Check if: ☐ Self-employed Firm's name Self-Prepared Phone no. Firm's address Firm's EIN		

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Bryan A Feigenbaum

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A			☐		☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562
A			
B			
C			
D			
29a Totals			
b Totals			
30 Add columns (h) and (k) of line 29a		30	
31 Add columns (g), (i), and (j) of line 29b		31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31		32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	Shepard Family Trust	93-6398481
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			35,000.
B			
34a Totals			35,000.
b Totals			
35 Add columns (d) and (f) of line 34a		35	35,000.
36 Add columns (c) and (e) of line 34b		36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37	35,000.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	35,000.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

a Employee's social security number [REDACTED]		Payroll organization code 22-25-07-64-110		Intradepartment number 0000000040	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 184,736.92		2 Federal income tax withheld 23,870.12	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 176,100.00		4 Social security tax withheld 10,918.20	
		5 Medicare wages and tips 184,269.95		6 Medicare tax withheld 2,671.91	
		7 Social security tips		10 Dependent care benefits	
d Control number 018119 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 24,351.68	
e Employee's first name, middle initial, and last name BRYAN A FEIGENBAUM [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b EE 6,000.00	
		14 Other 125 3,746.76		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT 2025

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-25-07-64-110		Intradepartment number 0000000040	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 184,736.92		2 Federal income tax withheld 23,870.12	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 176,100.00		4 Social security tax withheld 10,918.20	
		5 Medicare wages and tips 184,269.95		6 Medicare tax withheld 2,671.91	
		7 Social security tips		10 Dependent care benefits	
d Control number 018119 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 24,351.68	
e Employee's first name, middle initial, and last name BRYAN A FEIGENBAUM [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b EE 6,000.00	
		14 Other 125 3,746.76		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT 2025

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W REV. 06/18/2025

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.