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

**Filed with COE: 06/30/2026**

## General Information

Name: Carlos Jesus Martinez

**CONFIDENTIAL**

**PID 5830**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Public Defender; 11Th Circuit | Elected Constitutional Officer | Public Defender |

## Net Worth

My Net Worth as of June 30, 2026 was $ 1,784,827.00.

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## 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 $ 80,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

| Description of Asset | Value of Asset |
|---|---|
| Residence | $ 1,300,000.00 |
| 2015 Toyota Camry Hybrid | $ 9,400.00 |
| Deferred Comp. – T Rowe Price Retirement 2025 Trust B | $ 31,659.00 |
| Deferred Comp. – NRS Florida Fixed Fund | $ 188,334.00 |
| Deferred Comp. – T Rowe Price Equity Income Trust B | $ 39,579.00 |
| Deferred Comp. – T Rowe Price Us Mid-Cap Growth Equity Trust D | $ 68,074.00 |
| Deferred Optional Retirement Program | $ 584,551.00 |
| Checking – First Horizon Bank | $ 14,836.00 |

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## Liabilities

LIABILITIES IN EXCESS OF $1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|---|---|---|
| Shellpoint | P.O. Box 619063, Dallas, TX 75261-9063 | $ 288,196.00 |
| Nationwide Retirement Solutions | .O. Box 182797 Columbus, OH 43218-2797 | $ 17,024.00 |
| Bank of America | 2195 SW 8th St, Miami, FL 33135 | $ 99,350.00 |

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 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 St, Tallahassee FL 32399 | $ 223,317.84 |

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 | | | |

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## 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.

***Carlos Jesus Martinez***

Digitally signed: **06/30/2026**

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