

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2026

General Information

Name: Brandon J Young

PID 68119

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (14Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of June 30, 2026 was \$ 1,025,000.00.

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.

The aggregate value of my household goods and personal effect is \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3115 Southride Lane, Bonifay, FL 32425	\$ 398,000.00
700 Satellite Rd., Graceville, FL 32440	\$ 87,500.00
5037 Hwy 77, Graceville, FL 32440	\$ 80,000.00
1924 Gap Blvd., Chipley, FL 32428	\$ 55,000.00
1928 Gap Blvd., Chipley, FL 32428	\$ 75,000.00
Florida Pre-Paid - State of Florida	\$ 10,000.00
U.S. Currency	\$ 1,500.00
Bank Accounts (Comm. South Credit Union)	\$ 15,000.00
Bank Accounts (Innovations Credit Union)	\$ 5,000.00
Florida Retirement System (vested investment balance)	\$ 506,299.83

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Innovations Credit Union (mortgage - real property/secured)	976 Main St., Chipley, FL 32428	\$ 297,000.00
Innovations Credit Union (secured motor vehicle loan)	976 Main St. Chipley, FL 32428	\$ 46,000.00
Community South Credit Union (personal loan)	1449 Main St., Chipley, FL 32428	\$ 10,000.00
Community South Credit Union (VISA credit card)	1449 Main St., Chipley, FL 32428	\$ 5,000.00

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 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 (Judicial Salary)	200 E. Gaines St., Tallahassee, FL 32399	\$ 198,867.06
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
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.

Brandon J Young

Digitally signed: 06/30/2026

Filed with COE: 06/30/2026

STATE OF FLORIDA

ORG: 22-20-14-00-110
ID#: 0000000000

DEPARTMENT OF FINANCIAL SERVICES - BUREAU OF STATE PAYROLLS
ANNUAL EARNINGS AND BENEFITS STATEMENT FOR 2025

ORIGINAL

BRANDON J YOUNG
3115 SOUTHRIDE LN
BONIFAY, FL 324253326

DATE OF BIRTH

SOCIAL SECURITY NUMBER :

Please carefully check the above information. If you find an error, you must make the correction to the W-4 form in the People First system or through your agency personnel office.

Below is a recap of your income from the State of Florida. Contributions made by the state on your behalf are shown. Mandatory deductions, payroll deductions chosen by you, reductions of taxable income chosen by you, and general information which may be of interest to you are presented to aid in evaluating your tax liability. This statement is intended as an informational aid only.

YOUR TOTAL STATE INCOME AND NONTAXABLE GROSS:

WAGE AMOUNT:	
SALARY/WAGES	198,867.06
TOTAL WAGE AMOUNT	198,867.06
TOTAL STATE INCOME	198,867.06
LESS:	
TAX SHELTERED GROSS:	
STATE TRES-DEFERRED COMP	3,977.28
PRETAX CANCER INSURANCE	260.40
PRETAX DENTAL INSURANCE	1,195.35
PTB STATE HEL INS-FT EMP'E	2,160.00
PEORP EMPLOYEE CONTRIBUTION	5,966.04
TOTAL TAX SHELTERED	
AND GROSS NOT REPORTED	13,559.07
REPORTABLE COMPENSATION:	
W-2 EARNINGS	185,307.99
TOTAL REPORTABLE	
COMPENSATION	185,307.99
LESS:	
MANDATORY TAX DEDUCTIONS:	
FEDERAL INCOME TAX	37,320.92
SOCIAL SECURITY TAX	10,918.20
MEDICARE TAX	2,831.14
OTHER MISC. DED. SUBTL.	915.20
NET PAID BY SALARY WARRANT	133,322.53

STATE CONTRIBUTIONS ON YOUR BEHALF (INFORMATIONAL):

STATE HEALTH INS-EMPLOYER CONTRIB	22,191.68
STATE LIFE INS-EMPLOYER CONTRIB	42.56
PEORP - EMPLOYER CONTRIBUTION	91,077.96
FICA EMPLOYER CONTRIBUTIONS	10,918.20
MEDICARE EMPLOYER CONTRIBUTIONS	2,831.15
PRETAX ADMINISTRATION ASSESSMENT	238.67
TOTAL STATE CONTRIBUTIONS	127,300.22

SUMMARY OF MISCELLANEOUS DEDUCTIONS PROCESSED FOR YOU DURING THE CALENDAR YEAR. NOTE: IF YOU ARE NOT SURE ABOUT THE POSSIBLE TAX IMPACT OF A DEDUCTION, ASK THE IRS OR YOUR TAX RETURN PREPARER.

CODE	DEDUCTION	ANNUAL TOTAL
1 789	CHILD LIFE INSURANCE	10.20
2 773	ST OPTIONAL LIFE 3 MULTIPLES	905.00
	TOTAL OTHER MISC. DEDUCTIONS	915.20

FLEX SPENDING ACCT REWARD	.00
LTD PURPOSE FLEX SPENDING REWARD	.00
HEALTH SAVING ACCOUNT REWARD	.00