

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/13/2023

General Information

Name: Mr Charles G Cofer

CONFIDENTIAL

Address: 407 N LAURA ST, JACKSONVILLE, FL 32202

PID 20583

County: Duval

AGENCY INFORMATION

Organization	Suborganization	Title
Department Of Law Enforcement	Medical Examiners Commission	Public Defender, 4th Judicial Circuit
Public Defender; 4Th Circuit	Elected Constitutional Officer	Public Defender

Net Worth

My Net Worth as of December 31, 2022 was \$ 1,030,853.00.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence {REDACTED}	\$ 451,685.00
Building lot (1/2 interest) in North Carolina	\$ 20,000.00
Fidelity Retirement Fund	\$ 481,009.00
Equitable Retirement Fund	\$ 198,200.00
Nationwide Florida Deferred Compensation Plan	\$ 122,207.58
Honda Pilot Automobile	\$ 26,000.00
BMW 330e Automobile	\$ 40,000.00
Beneficial interest in Vystar Trust Account	\$ 98,272.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Vystar Credit Union	Box 45085, Jacksonville, FL 32232	\$ 217,566.34
Honda Financial Services	Unknown--paid via auto-debit	\$ 19,139.00
BMW Financial Services	Unknown--paid via auto-debit	\$ 10,600.00
Bank of America --revolving credit account	50 N. Laura Street, Jacksonville, FL 32202	\$ 11,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/13/2023

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

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	\$ 194,349.68
Pension	Box 9000, Tallahassee, FL 32315	\$ 125,504.70
Social Security	Suite 1, 7185 Bentley Rd., Jacksonville, FL 32256	\$ 25,116.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Training

- ☒ 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.

Charles G Cofer

Digitally signed: 02/13/2023

Filed with COE: 02/13/2023