

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/21/2023

### General Information

Name: Hon Thomas Earl Johnson

**CONFIDENTIAL**

Address: {REDACTED}

**PID 14306**

County: {REDACTED}

### AGENCY INFORMATION

| Organization           | Suborganization                | Title                       |
|------------------------|--------------------------------|-----------------------------|
| Judicial Circuit (1St) | Elected Constitutional Officer | Senior Retired County Judge |
| Judicial Senior Judges | Consent to be Assigned         | Senior / Retired Judge      |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 850,000.00.

**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, 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 |
|--------------------------------|----------------|
| Home (owned jointly with wife) | \$ 450,000.00  |
| Cash                           | \$ 100,000.00  |
| DROP Retirement                | \$ 283,000.00  |
| Pension - State of Florida     | \$ 500,000.00  |

**Liabilities**

## LIABILITIES IN EXCESS OF \$1,000:

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

## 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.

## PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income                | Amount        |
|--------------------------------------------|--------------------------------------------|---------------|
| State of FL (Pension, DROP, & Salary)      | 200 E Gaines Street, Tallahassee, FL 32399 | \$ 127,000.00 |
| Social Security                            | P O Box 67620 Wilkes-Barre PA 18767        | \$ 35,000.00  |

## 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**

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.

***Thomas Earl Johnson***

Digitally signed: 04/21/2023

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