

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/08/2023

General Information

Name: Hon Christine E Arendas

CONFIDENTIAL

Address: P.O. Box 702348, St Cloud, FL 34770

PID 276562

County: Osceola

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (9Th)	Elected Constitutional Officer	
Judicial Circuit (9Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of April 30, 2023 was \$ 614,023.06.

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 \$ 40,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home {REDACTED}	\$ 392,000.00
2014 Equinox LT	\$ 8,500.00
Seacoast checking account	\$ 5,715.00
North Western Mutual Life Insurance	\$ 39,024.00
Florida Prepaid Tuition Plans	\$ 8,190.25
Florida Prepaid Local Fee Plan	\$ 2,381.02
Edward Jones Traditional IRA	\$ 48,578.42
Edward Jones Roth IRA	\$ 18,416.04
Florida Retirement System - not vested	\$ 22,352.88
Nationwide Florida Differed Comp	\$ 17,913.13
Publix Stocks - Joint	\$ 1,871.25
Publix Stocks - Individual	\$ 1,871.25
Affordable Aquatic Weed Control, LLC (business interest)	\$ 200,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Cenlar Mortgage	PO Box 11733 Newark, NJ 07101-4733	\$ 132,289.40
Navient Student Loan	PO Box 9500 Wilkes-Barre, PA 18773-9500	\$ 43,678.99
1st Mark Student Loan	PO Box 82522 Lincoln, NE 68501-2522	\$ 13,495.42
SouthState - cosigned	PO Box 118068 Charleston, SC 29423	\$ 4,229.16

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 Florida	200 E Gaines Street, Tallahassee, FL	\$ 14,334.58

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.

Christine E Arendas

Digitally signed: 05/08/2023

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