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

**Filed with COE: 05/11/2023**

## General Information

Name: Hon Judith (Judy) Ellen Atkin

Address: 881 Glen Abbey Way, Melbourne, FL 32940 **PID 210406**

County: Brevard

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Judicial Circuit (18Th) | Elected Constitutional Officer | County Judge |

## Net Worth

My Net Worth as of December 31, 2022 was $ 782,777.00.

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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, whether owned or leased.

The aggregate value of my household goods and personal effect is $ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

| Description of Asset | Value of Asset |
|---|---|
| home | $ 422,010.00 |
| Charles Schwab IRA | $ 97,310.00 |
| Voya Financial Deferred Compensation | $ 145,866.00 |
| Wells Fargo Checking | $ 2,287.00 |
| Wells Fargo Savings | $ 7,036.00 |
| Discover Savings | $ 43,622.00 |
| Discover MM | $ 2,628.00 |
| Charles Schwab Brokerage Account | $ 24,129.00 |

## 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 | | |

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## 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 salary | Tallahassee | $ 164,196.00 |
| Social Security | Washington D.C. | $ 32,488.00 |

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.

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## 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.

***Judith (Judy) Ellen Atkin***

Digitally signed: **05/11/2023**

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