

## 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.

**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              |                     |                     |

**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.

**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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