

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

Filed with COE: 06/15/2023

### General Information

Name: Hon Joseph A. Murphy III

Address: 340 NW 34 Street, Ft. Lauderdale, FL 33309

**PID 32852**

County: Broward

### AGENCY INFORMATION

| Organization           | Suborganization        | Title                  |
|------------------------|------------------------|------------------------|
| Judicial Senior Judges | Consent to be Assigned | Senior / Retired Judge |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 620,000.00.

**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 \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset  | Value of Asset |
|-----------------------|----------------|
| 340 NW 34Street house | \$ 500,000.00  |
| Lexus                 | \$ 40,000.00   |
| Mercedes              | \$ 5,000.00    |
| Truist Bank           | \$ 19,000.00   |

**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.

☐ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount        |
|--------------------------------------------|-----------------------------|---------------|
| State of Florida                           | Tallahassee                 | \$ 122,685.72 |
| Social Security                            | Washington DC               | \$ 35,017.00  |
| USMC Retired                               | St Louis MO                 | \$ 16,620.00  |

**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.

***Joseph A. Murphy III***

Digitally signed: 06/15/2023

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