

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2023

General Information

Name: Brandon J Young

Address: 3115 SOUTHRIDE LN, BONIFAY, FL 32425

PID 68119

County: Holmes

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (14Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of June 30, 2023 was \$ 815,000.00.

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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 \$ 135,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3115 Southride Lane, Bonifay, FL 32425	\$ 315,000.00
700 Satellite Road, Graceville, FL 32440	\$ 105,000.00
5037 Hwy 77, Graceville, FL 32440	\$ 60,000.00
1924 Gap Blvd, Chipley, FL 32428	\$ 50,000.00
1928 Gap Blvd, Chipley, FL 32428	\$ 50,000.00
FRS (Vested Balance)	\$ 360,000.00
Florida Pre-Paid - State of Florida	\$ 20,000.00
Bank Accounts (Community South Credit Union)	\$ 22,000.00
U.S. Currency	\$ 2,000.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Select Portfolio Servicing (mortgage - real property/secured)	P.O. Box 65250, Salt Lake City, Utah 84165	\$ 174,000.00
Community South Credit Union (secured motor vehicle loans)	P.O. Box 623, Chipley, FL 32428	\$ 58,500.00
Georgia's Own Credit Union (secured boat loan)	P.O. Box 105205, Atlanta, GA 30348	\$ 13,500.00
Community South Credit Union (mortgage - real property/secured)	P.O. Box 623, Chipley, FL 32428	\$ 55,000.00

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 (Judicial Salary)	200 E. Gaines St., Tallahassee, FL 32399	\$ 173,784.54
State of Florida (sick/annual leave payout)	200 E. Gaines St., Tallahassee, FL 32399	\$ 24,254.86
See Attached		

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.

Brandon J Young

Digitally signed: **06/30/2023**

Filed with COE: **06/30/2023**

STATE OF FLORIDA

ORG: 22-20-14-00-110
ID#: 0000000000

DEPARTMENT OF FINANCIAL SERVICES - BUREAU OF STATE PAYROLLS
ANNUAL EARNINGS AND BENEFITS STATEMENT FOR 2022

ORIGINAL

BRANDON J YOUNG
3115 SOUTHRIDE LN
BONIFAY, FL 324253326

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Please carefully check the above information. If you find an error, you must make the correction to the W-4 form in the People First system or through your agency personnel office.

Below is a recap of your income from the State of Florida. Contributions made by the state on your behalf are shown. Mandatory deductions, payroll deductions chosen by you, reductions of taxable income chosen by you, and general information which may be of interest to you are presented to aid in evaluating your tax liability. This statement is intended as an informational aid only.

YOUR TOTAL STATE INCOME AND NONTAXABLE GROSS:

WAGE AMOUNT:	
ANNUAL LEAVE PAID	14,027.81
SICK LEAVE PAID	10,227.05
SALARY/WAGES	173,784.54
TOTAL WAGE AMOUNT	198,039.40
NON-WAGE AMOUNT:	
NONCASH VEHICLE FRINGE BEN	135.47
TOTAL NON-WAGE AMOUNT	135.47
TOTAL STATE INCOME	198,174.87
LESS:	
TAX SHELTERED GROSS:	
PEORP EMPLOYEE CONTRIBUTION	5,634.35
PRETAX DENTAL INSURANCE	1,564.20
PTB STATE HEL INS-FT EMP'E	2,160.00
TOTAL TAX SHELTERED	
AND GROSS NOT REPORTED	9,358.55
REPORTABLE COMPENSATION:	
W-2 EARNINGS	188,816.32
TOTAL REPORTABLE	
COMPENSATION	188,816.32
LESS:	
NON-SALARY AMOUNTS:	
NONCASH VEHICLE FRINGE BEN	135.47
MANDATORY TAX DEDUCTIONS:	
SOCIAL SECURITY TAX	9,114.00
MEDICARE TAX	2,819.53
FEDERAL INCOME TAX	31,295.75
OTHER MISC. DED. SUBTL.	623.92
NET PAID BY SALARY WARRANT	144,827.65

STATE CONTRIBUTIONS ON YOUR BEHALF (INFORMATIONAL):

PEORP - EMPLOYER CONTRIBUTION	77,768.19
FICA EMPLOYER CONTRIBUTIONS	9,114.00
MEDICARE EMPLOYER CONTRIBUTIONS	2,819.54
STATE HEALTH INS-EMPLOYER CONTRIB	19,812.96
STATE LIFE INS-EMPLOYER CONTRIB	42.96
PRETAX ADMINISTRATION ASSESSMENT	207.89
TOTAL STATE CONTRIBUTIONS	109,765.54

SUMMARY OF MISCELLANEOUS DEDUCTIONS PROCESSED FOR YOU DURING THE CALENDAR YEAR. NOTE: IF YOU ARE NOT SURE ABOUT THE POSSIBLE TAX IMPACT OF A DEDUCTION, ASK THE IRS OR YOUR TAX RETURN PREPARER.

CODE	DEDUCTION	ANNUAL TOTAL
1 772	ST OPTIONAL LIFE 2 MULTIPLES	623.92
	TOTAL OTHER MISC. DEDUCTIONS	623.92

FLEX SPENDING ACCT REWARD	.00
LTD PURPOSE FLEX SPENDING REWARD	.00
HEALTH SAVING ACCOUNT REWARD	.00