

**General Information**

Name: Mr John Charles Herbst

PID 299248

**AGENCY INFORMATION**

| Organization    | Suborganization                | Title                        |
|-----------------|--------------------------------|------------------------------|
| Fort Lauderdale | Community Redevelopment Agency | City Commissioner District 1 |
| Fort Lauderdale | Mayor And City Commission      | City Commissioner District 1 |

**Net Worth**My Net Worth as of December 31, 2023 was \$ 3,632,786.00.

**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 \$ 130,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset            | Value of Asset  |
|---------------------------------|-----------------|
| PRIMARY RESIDENCE               | \$ 185,000.00   |
| VACATION RESIDENCE              | \$ 425,000.00   |
| VANGUARD 500 INDEX ADMIRAL FUND | \$ 66,222.00    |
| VANTAGEPOINT 500 INDEX          | \$ 544,105.00   |
| VANGUARD 500 INDEX ETC          | \$ 177,502.00   |
| INVESCO QQQ ETF                 | \$ 16,541.00    |
| VANGUARD 500 INDEX EFT          | \$ 167,731.00   |
| MERRILL MMA                     | \$ 2,753.00     |
| VANGUARD 500 INDEX ETF          | \$ 301,392.00   |
| INVESCO QQQ ETF                 | \$ 1,328,073.00 |
| MERRILL MMA                     | \$ 3,868.00     |
| LIFE INSURANCE POLICY           | \$ 45,545.00    |
| HIG, A SERIES OF CGF2021 LLC    | \$ 600,000.00   |
| MARCUS SAVINGS ACCOUNT          | \$ 26,054.00    |
| BANK OF AMERICA CHECKING        | \$ 33,000.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor     | Address of Creditor            | Amount of Liability |
|----------------------|--------------------------------|---------------------|
| BANK OF AMERICA MTG  | PO BOX 31785, TAMPA FL 33631   | \$ 134,519.00       |
| BANK OF AMERICA VISA | PO BOX 672050, DALLAS TX 75267 | \$ 1,281.00         |
| CHASE MTG            | PO BOX 78420, PHOENIX AZ 85062 | \$ 280,533.00       |

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. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 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        |
|---------------------------------------------------|----------------------------------------------------|---------------|
| CITY OF FORT LAUDERDALE                           | 100 N ANDREWS AVE, FORT LAUDERDALE FL 33301        | \$ 87,989.38  |
| CITY OF FORT LAUDERDALE GENERAL EMPLOYEES PENSION | PO BOX 94717, CLEVELAND OH 44101                   | \$ 128,093.16 |
| GOLDMAN SACHS BANK                                | PO BOX 70379, PHILADELPHIA PA 19176                | \$ 1,038.49   |
| MERRILL LYNCH PIERCE FENNER & SMITH               | 1500 AMERICAN BLVD, PENNINGTON NJ 08534            | \$ 12,911.48  |
| HIG, A SERIES OF CGF2021                          | 2093 PHILADELPHIA PIKE 5885, PHILADELPHIA PA 19703 | \$ 17,724.00  |

## SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| N/A                     |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

### Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer 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.

***John Charles Herbst***

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024