

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/28/2024

General Information

Name: Hon Lawrence Vincent Johnston III

CONFIDENTIAL

PID 47959

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Senior Judges	Consent to be Assigned	

Net Worth

My Net Worth as of December 31, 2023 was \$ 3,810,019.00.

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 \$ 600,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Mortgages	\$ 774,851.00
Stocks, Bonds, Def Comp	\$ 2,258,252.00
Cash	\$ 176,916.00
Home and Vehicles	\$ 600,000.00

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. 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
See Attached		

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
See Attached			

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.

Lawrence Vincent Johnston III

Digitally signed: 05/28/2024

Filed with COE: 05/28/2024

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and middle initial _____ Last name _____ Your social security number _____

LAWRENCE V JOHNSTON

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

JOHNSTON

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Filing Status ☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☒ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐						☐	☐
						☐	☐
						☐	☐
						☐	☐

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	56,604.
	1b	Household employee wages not reported on Form(s) W-2	1b	
	1c	Tip income not reported on line 1a (see instructions)	1c	
	1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	1e	Taxable dependent care benefits from Form 2441, line 26	1e	
	1f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	1g	Wages from Form 8919, line 6	1g	
	1h	Other earned income (see instructions)	1h	
	1i	Nontaxable combat pay election (see instructions)	1i	
	1z	Add lines 1a through 1h	1z	56,604.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	
	2b	Taxable interest	2b	66,737.
	3a	Qualified dividends	3a	2,210.
	3b	Ordinary dividends	3b	8,624.
	4a	IRA distributions	4a	
	4b	Taxable amount	4b	846.
Attach Schedule B if required.	5a	Pensions and annuities	5a	84,785.
	5b	Taxable amount	5b	84,345.
	6a	Social security benefits	6a	34,126.
	6b	Taxable amount	6b	29,007.
	c	If you elect to use the lump-sum election method, check here (see instructions)		☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7	-3,000.
8 Additional income from Schedule 1, line 10		8	2,274.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	245,437.
10 Adjustments to income from Schedule 1, line 26		10	
11 Subtract line 10 from line 9. This is your adjusted gross income		11	245,437.
Standard Deduction See Standard Deduction Chart on the last page of this form.	12 Standard deduction or itemized deductions (from Schedule A)	12	29,200.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	455.
	14 Add lines 12 and 13	14	29,655.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	215,782.
Tax and Credits	16 Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	38,389.
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	38,389.
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	0.
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	38,389.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24 Add lines 22 and 23. This is your total tax	24	38,389.
	Payments	25 Federal income tax withheld from:	
a Form(s) W-2		25a	7,541.
b Form(s) 1099		25b	12,134.
c Other forms (see instructions)		25c	
d Add lines 25a through 25c		25d	19,675.
26 2023 estimated tax payments and amount applied from 2022 return		26	10,344.
27 Earned income credit (EIC)		27	
28 Additional child tax credit from Schedule 8812		28	
29 American opportunity credit from Form 8863, line 8		29	
30 Reserved for future use		30	
31 Amount from Schedule 3, line 15		31	
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		32	
33 Add lines 25d, 26, and 32. These are your total payments		33	30,019.

If you have a qualifying child, attach Sch. EIC.

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.

34

35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here.

35a

Direct deposit? See instructions.

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

36 Amount of line 34 you want applied to your 2024 estimated tax.

36

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.

37

8,370.

38 Estimated tax penalty (see instructions).

38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions

☒ Yes. Complete below.

☐ No

Designee's name

PHYLLIS D. SMITH, CPA

Phone no.

772-589-2939

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

RETIRED JUDGE

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

PHYLLIS D. SMITH, CPA

PHYLLIS D. SMITH, CPA

3/17/24

P00767232

☐ Self-employed

Firm's name PHYLLIS D. SMITH, CPA, P.A.

Phone no. 772-589-2939

Firm's address 1623 US HIGHWAY 1
SEBASTIAN, FL 32958

Firm's EIN 592508305

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2023)

Part I 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Interest
(See instructions and the instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

SEE STATEMENT 1

Amount	
1	
2	66,737.
3	
4	66,737.

- 2 Add the amounts on line 1.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

(See instructions and the instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer:
- NATIONAL FINANCIAL SERVICES LLC
- PERSHING LLC
- WELLS FARGO ADVISORS
- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.

Amount	
5	1,188.
	5,541.
	1,895.
6	8,624.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
- If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.
- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
- 8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.

Yes	No
	X
	X

Your social security number

☐ Yes ☒ No

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	74,110.	75,693.		-1,583.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-1,583.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	14,824.	19,092.		-4,268.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instr.			13	114.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	-4,154.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ (F) Long-term transactions not reported to you on Form 1099-B

If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

2023

Attachment
Sequence No. 19

ID no. as shown on page 1 of your tax return

Enter the amount for each category of income listed below. See Categories of Income in the instructions. Check only one box on each line. Report all amounts in U.S. dollars except where specified in Part II below.

Section 951(a) category income ☒ c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

Resident of (name of country)

If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession	OTHER COUNTRY			
a Gross income from sources within country shown above and of the type checked above (see instructions): <u>SEE STATEMENT 2</u>	7,550.			1 a 7,550.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions.				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	29,200.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	29,200.			
d Gross foreign source income (see instructions)	7,550.			
e Gross income from all sources (see instructions)	248,590.			
f Divide line 3d by line 3e (see instructions)	0.030371			
g Multiply line 3c by line 3f	887.			
Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
Losses from foreign sources				
Add lines 2, 3g, 4a, 4b, and 5	887.			6 887.
Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 6,663.

Part II Foreign Taxes Paid or Accrued (see instructions)

Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued							
	In foreign currency			In U.S. dollars				
	Taxes withheld at source on:			Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
(i) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties		
1099 TAXES								

Add lines A through C, column (u). Enter the total here and on line 9, page 2

8

A For Paperwork Reduction Act Notice, see instructions.

FDI2612L 08/11/23

Form 1116 (2023)

STATEMENT 1
SCHEDULE B, LINE 1
INTEREST INCOME

VICTORIA A MCKUNE	
PO BOX 33155	
INDIALANTIC, FL 32903	
SEARLETT'S LLC	\$ 2,344.
PO BOX 52349	
MERRIT ISLAND, FL 32954	
[REDACTED] JOHNSTON INC	59,670.
NATIONAL FINANCIAL SERVICES LLC	
PERSHING LLC	3.
PERSHING LLC	69.
PNC BANK	1,337.
WELLS FARGO ADVISORS	38.
	3,268.
	8.
TOTAL	\$ 66,737.

STATEMENT 2
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY
DIVIDENDS

FOREIGN SOURCE QUALIFIED DIVIDENDS	\$ 6,414.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	1,022.
	114.
TOTAL	\$ 7,550.

FEDERAL WORKSHEETS

PAGE 2

LAWRENCE V AND LISA B JOHNSTON

SOCIAL SECURITY BENEFITS WORKSHEET (PUB 915) (FORM 1040 OR 1040-SR, LINES 6

1. SOCIAL SECURITY BENEFITS (SSA-1099, BOX 5)	34,126.
2. ENTER ONE-HALF OF LINE 1	17,063.
3. COMBINE AMOUNTS FROM FORM 1040 OR 1040-SR, LINES 1Z, 2B, 3B, 4B, 5B 7, AND 8 (ADD BACK EXCLUSIONS/ADJUSTMENTS FROM FORM 9915)	216,430.
4. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 2A	0.
5. ENTER THE TOTAL OF ANY EXCLUSIONS/ADJUSTMENTS	233,493.
6. COMBINE LINES 2, 3, 4 AND 5	0.
7. ENTER THE AMOUNTS FROM FORM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25	233,493.
8. SUBTRACT LINE 7 FROM LINE 6 (NOT LESS THAN 0)	32,000.
9. THRESHOLD FOR YOUR FILING STATUS	201,493.
10. SUBTRACT LINE 9 FROM LINE 8 (NOT LESS THAN 0)	12,000.
11. ADDITIONAL THRESHOLD FOR YOUR FILING STATUS	189,493.
12. SUBTRACT LINE 11 FROM LINE 10 (NOT LESS THAN 0)	12,000.
13. ENTER THE SMALLER OF LINE 10 OR LINE 11	6,000.
14. ENTER ONE-HALF OF LINE 13	6,000.
15. ENTER THE SMALLER OF LINE 2 OR LINE 14	161,069.
16. MULTIPLY LINE 12 BY 85% (.85)	167,069.
17. ADD LINES 15 AND 16	29,007.
18. MULTIPLY LINE 1 BY 85% (.85)	
19. TAXABLE SOCIAL SECURITY BENEFITS (THE SMALLER OF LINE 17 OR LINE 18)	29,007.

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:

TAXPAYER IDENTIFICATION NUMBER:

BUSINESS INCOME.....

JOHNSTON INC
59-3613809

2,274.
QUALIFIED BUSINESS INCOME 2,274.

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

CAPITAL GAIN RATES (CAPITAL GAIN/SCH. D TAX WORKSHEET)		INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$22,000)	\$	22,000.	\$ 2,200.
12% ORDINARY TAX BRACKET (\$22,001 - \$89,450)		67,450.	8,094.
22% ORDINARY TAX BRACKET (\$89,451 - \$190,750)		101,300.	22,286.
24% ORDINARY TAX BRACKET (\$190,751 - \$364,200)		22,822.	5,477.
TAXABLE ORDINARY INCOME	\$	213,572.	
15% CAPITAL GAIN BRACKET		2,210.	332.
TOTAL USING CAPITAL GAIN RATES	\$	215,782.	\$ 38,389.

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$150,628
TO BEGIN BEING TAXED IN THE NEXT 32% TAX BRACKET (\$364,201 - \$462,500)