

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 09/10/2024

General Information

Name: Hon John Joseph Murphy III

CONFIDENTIAL

PID 71368

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 07/31/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (17Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of July 31, 2024 was \$ 4,452,443.14.

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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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 654,520.00
IRA WFCS AS CUSTODIAN (CASH)	\$ 1,979.07
IRA WFCS VANGUARD VHT	\$ 168,718.61
IRA WFCS VANGUARD VGT	\$ 167,783.33
IRA WFCS VANGUARD VOO	\$ 348,917.66
WFCS TOD NVDA	\$ 209,520.09
SCHWAB PERSONAL CHOICE RETIREMENT ACCT NVDA	\$ 1,170,383.02
CHOICE RETIREMENT ACCT VANECK SEMI SMH	\$ 740,970.00
SCHWAB PERSONAL CHOICE RETIREMENT ACCT VANGUARD VGT	\$ 514,313.69
NATIONWIDE RETIREMENT SOLUTIONS 457B PLAN	\$ 29,991.28
FRS DROP ACCT	\$ 295,694.46
2016 HONDA HRV	\$ 10,000.00
WELLS FARGO CHECKING ACCT	\$ 27,839.99
WELLS FARGO SAVINGS ACCT	\$ 86,811.94

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

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, 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	200 E GAINES ST, TALLAHASSEE, FL 32399	\$ 153,506.88

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

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

John Joseph Murphy III

Digitally signed: 09/10/2024

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