

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

Filed with COE: 06/26/2024

### General Information

Name: Hon James Robert Clayton (Ret)

**CONFIDENTIAL**

**PID 70972**

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 04/01/2024

### AGENCY INFORMATION

| Organization           | Suborganization                | Title         |
|------------------------|--------------------------------|---------------|
| Judicial Circuit (7Th) | Elected Constitutional Officer | Circuit Judge |

### Net Worth

My Net Worth as of April 1, 2024 was \$ 4,975,962.00.

### 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 \$ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset   | Value of Asset  |
|------------------------|-----------------|
| FRS Investment Plan    | \$ 1,897,823.00 |
| Ameriprise Investments | \$ 489,176.00   |
| Mainstreet Bank        | \$ 12,262.00    |

**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**

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 (2023)                    | Tallahassee                 | \$ 186,612.00 |

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

**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.

***James Robert Clayton (Ret)***

Digitally signed: 06/26/2024

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