

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

Filed with COE: 07/30/2024

General Information

Name: Catherine Bonhomme Toledo

CONFIDENTIAL

PID 242203

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 07/12/2024

AGENCY INFORMATION

Organization	Suborganization	Title
State Attorney; 13Th Circuit	Employees	Assistant State Attorney

Net Worth

My Net Worth as of July 12, 2024 was \$ 592,994.65.

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 \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal home	\$ 400,000.00
Cash (Wells Fargo)	\$ 37,449.67
FRS investment account	\$ 106,570.70
Deferred comp (Nationwide)	\$ 47,354.25
Florida Prepaid College Plan	\$ 9,620.03
Vehicle Lease (Nissan Motor Acceptance Company)	\$ 15,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Newrez	75 Beattie Place, Suite LL202 Greenville, SC 29601	\$ 215,000.00
Bank of Tampa (HELOC)	601 Bayshore Blvd #100, Tampa, FL 33606	\$ 23,500.00

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 - 13th Judicial Circuit	419 N. Pierce St., Tampa	\$ 106,000.00

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.

Catherine Bonhomme Toledo

Digitally signed: **07/30/2024**

Filed with COE: 07/30/2024