

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

Filed with COE: 08/10/2024

### General Information

Name: Michael Joseph Owen

PID 298696

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 06/11/2024

### AGENCY INFORMATION

| Organization        | Suborganization                | Title                              |
|---------------------|--------------------------------|------------------------------------|
| Hillsborough County | Elected Constitutional Officer | County Commissioner,<br>District 4 |

### Net Worth

My Net Worth as of June 11, 2024 was \$ 967,839.50.

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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 \$ 120,000.00.

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

| Description of Asset                                    | Value of Asset |
|---------------------------------------------------------|----------------|
| Personal Home - 5109 Abisher Wood Ln, Brandon, FL 33511 | \$ 628,400.00  |
| JMO Property LLC                                        | \$ 21,500.00   |
| Law Offices of Michael J Owen                           | \$ 304,000.00  |
| Wells Fargo CD                                          | \$ 103,989.00  |
| Wells Fargo Savings                                     | \$ 21,864.61   |
| FRS - Nationwide - 2040 K                               | \$ 35,937.80   |
| Regions Lifegreen Checking                              | \$ 3,609.73    |
| Regions Platinum Relationship Money                     | \$ 3,427.61    |
| Regions Business Analyzed Checking                      | \$ 1,348.86    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                                     | Address of Creditor                          | Amount of Liability |
|------------------------------------------------------|----------------------------------------------|---------------------|
| Mr. Cooper - 5109 Abisher Wood Ln, Brandon, FL 33511 | 8950 Cypress Waters Blvd., Coppell, TX 75019 | \$ 258,112.92       |
| Southeast Toyota Finance                             | PO Box 991817, Mobile, AL 36691              | \$ 18,125.00        |

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       |
|---------------------------------------------------|---------------------------------------------|--------------|
| Hillsborough County Board of County Commissioners | 601 East Kennedy Boulevard, Tampa, FL 33610 | \$ 62,017.36 |

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.

***Michael Joseph Owen***

Digitally signed: 08/10/2024

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