

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

Filed with COE: 12/13/2024

General Information

Name: Emile Deshawn Hamilton

PID 232626

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 12/06/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Department Of Environmental Protection	Employees	Secretary of Environmental Protection

Net Worth

My Net Worth as of December 6, 2024 was \$ 250,000.00.

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 \$ 90,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Residence	\$ 572,000.00
Secondary Residence	\$ 150,000.00
Bank Account	\$ 160,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Freedom Mortgage	951 Yamato Road, Boca Raton, FL 33431	\$ 488,715.00
Mr. Cooper	PO Box 650783, Dallas, Tx. 75265	\$ 103,179.00
Independent Bank	230 W. Main St, Ionia, MI., 48846	\$ 24,000.00
NW Fed Credit Union	PO Box 986512, Boston, Ma., 02298	\$ 16,000.00

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	3900 Commonwealth Blvd. Tallahassee, FL 32399	\$ 210,000.00

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.

Emile Deshawn Hamilton

Digitally signed: 12/13/2024

Filed with COE: 12/13/2024