

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 03/07/2025

General Information

Name: Ms Julianne M Holt Esq

CONFIDENTIAL

PID 21493

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 01/06/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Public Defender; 13Th Circuit	Elected Constitutional Officer	Public Defender

Net Worth

My Net Worth as of January 6, 2025 was \$ 1,813,852.00.

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 \$ 105,361.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 1,132,000.00
101 W. Elm Street, Tampa, FL 33604	\$ 353,000.00
DROP	\$ 651,462.00
Deferred Compensation	\$ 13,796.34

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Roundpoint Mortgage	PO Box 19409, Charlotte, NC 28219	\$ 388,971.25
Florida Central Credit Union	3902 Henderson Blvd., Tampa, FL 33628	\$ 52,796.00

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, 2025, 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	Tallahassee, FL	\$ 212,562.00
University of South Florida	Tampa, FL	\$ 13,083.00
Social Security	Baltimore, MD	\$ 47,405.00

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.

Julianne M Holt Esq

Digitally signed: **03/07/2025**

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