

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2019**

Please print or type your name, mailing address, agency name, and position below:

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

222328

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Hurley John M.B**

MAILING ADDRESS:  
**1600 W Hillsboro Blvd**

**Room 140**

CITY : ZIP : COUNTY :  
**Deerfield Beach 33442 Broward**

NAME OF AGENCY :  
**17th Judicial Circuit**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**County Court Judge**

CHECK IF THIS IS A FILING BY A CANDIDATE

**PROCESSED**

**FLORIDA  
 COMMISSION ON ETHICS**

**JUN 22 2020**

**RECEIVED**

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31st, 20 19 was \$ 771,164.36.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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 effects (described above) is \$ 60,000.00 approx

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Primary Residence \$525,000.00 approx Rental Property \$310,000.00 approx	\$835,000 approx
Vehicle: Ford	\$2500.00 approx
Sun Trust Bank and Wells Fargo Bank	\$13,701.70
Stocks and Financial Accounts(ETrade) (See Attached)	\$75,207.30

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Home Mortgage P.O BOX 105647, Atlanta, GA 30348-5647	\$112,377.48
Wells Fargo Home Mortgage P.O BOX 105647, Atlanta, GA 30348-5647	\$85,035.11
Space Coast Credit Union P.O BOX 419001, Melbourne, FL 32941-9001 (car loan)	\$17,832.05

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	1600 W Hillsboro Blvd, Deerfield Beach, FL	\$151,821.96
Veterans Association(V.A)	V.A Washington , DC	\$3,322.08

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
JohnHurleyHolding	Rental Property	939 S.W 8TH St, Ft Laud	Rental Income
ETrade	Stock Investing	ETrade P.O BOX 484, NJ	Dividens and Sales

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	John Hurley Holding Corp		
ADDRESS OF BUSINESS ENTITY	939 S.W 8th St, Ft Lauderdale, FL 33315		
PRINCIPAL BUSINESS ACTIVITY	Collecting Rent and Maintan in Assets		
POSITION HELD WITH ENTITY	Principal/Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Sole Owner		

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

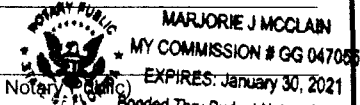
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF BROWARD  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 11<sup>th</sup> day of

JUNE, 2020 by Marjorie McClain  
Marjorie McClain  
 (Signature of Notary Public--State of Florida)


 MARJORIE J MCCLAIN  
 MY COMMISSION # GG 047055  
 EXPIRES: January 30, 2021  
 Bonded Thru Budget Notary Service

Personally Known  OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

Form 6 Part- B Continued:

Dividends and Sales:

Apple INC \$1483.58

222328

# PROCESSED

## Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

FLORIDA COMMISSION ON ETHICS

JUN 22 2020

RECEIVED

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: John M.B Hurley Work Telephone: 954-831-1272

Work Address: 1600 W Hillsboro Blvd, Deerfield Judicial Office Held: County Court Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	N/A		\$
			\$
			\$
			\$

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE
	N/A	

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

**OATH**

State of Florida

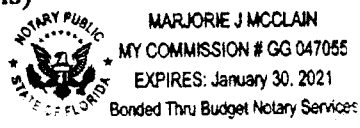
County of Broward

I, John M.B Hurley, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

[Signature]  
(Signature of Reporting Official)

Marjorie McClain  
(Signature of Officer Authorized to Administer Oaths)

My Commission expires 5 on 30, 2021



Sworn to and subscribed before me this  
11<sup>th</sup> day of June, 2020