

FORM 6**FULL AND PUBLIC DISCLOSURE OF****2012**

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

FINANCIAL INTERESTSRECEIVED
FOR OFFICE USE ONLY:

DEPARTMENT OF STATE

2026 JUN -3 AM 11:39

DIVISION OF ELECTIONS
TALLAHASSEE, FL

LAST NAME — FIRST NAME — MIDDLE NAME:

Johnson Robert LeWayne

MAILING ADDRESS:

2502 Trapside Court

CITY:

ZIP:

COUNTY:

Kissimmee

34746

Osceola

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Florida House of Representatives HD46

CHECK IF THIS IS A FILING BY A CANDIDATE ☒**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2012, 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 18 May, 20 26 was \$ \$1,263,367.**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.

The aggregate value of my household goods and personal effects (described above) is \$ 81,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Acqua SUV: 2016	\$15,000.00
Jaguar SUV: 2017	\$10,000.00
Cadillac CT-5: 2026	\$98,000.00
House Value (Appraised: 2025)	\$450,000.00
Personal Jewelry	\$10,000.00

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wayfair Furniture	\$3,000.00
American Express (Credit Card #1)	\$26,000.00
Truist Bank Line of Credit	\$60,000.00
Chase Bank of America	\$11,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage: Truist	\$150,000.00
Student Loan (Wife)	\$100,000.00

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2012 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
Federal Pension #1 (Candidate)	OPM (DC)	\$42,000.000
Federal Pension #2 (Candidate's Wife)	OPM (DC)	\$18,230.00
Military Pension	Department of War (DC)	\$22,767.00
100% Military Disability	Department of War (DC)	\$47,355.00

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
Social Security #1 (Candidate)	SS	DC	\$38,000.00
Social Security #2 (Wife)	SS	DC	\$24,000.00
TSP	Retirement (401K)	DC	\$703,000.00

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Florida Coalition to Prevent Ve		
ADDRESS OF BUSINESS ENTITY	2502 Trapside Court		
PRINCIPAL BUSINESS ACTIVITY	Coalition forming		
POSITION HELD WITH ENTITY	CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Coalition forming		

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

OATH

STATE OF FLORIDA
 COUNTY OF Osceola

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.



ANNELYS SANTINI
 Notary Public
 State of Florida
 Comm# HH719853
 Expires 9/15/2029

Sworn to (or affirmed) and subscribed before me this 01 day of

June, 2020, by Robert L Johnson

[Signature]
 (Signature of Notary Public--State of Florida)

Annelys Santini
 (Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification 1

Type of Identification Produced FLDL

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

NOTICE

Annual Full and Public Disclosure of Financial Interests is due July 1. If the annual form is not filed or postmarked by September 3, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. [Sec. 112.3144, Florida Statutes - applicable to non-judicial officials]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal, or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [Sec. 112.317, Florida Statutes]

INSTRUCTIONS FOR COMPLETING AND FILING FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

WHAT TO FILE

File only the first sheet (pages 1 and 2). **Facsimiles will not be accepted.** A candidate who has filed Form 6 for 2012 with the Commission, prior to qualifying, may file a copy of that Form 6 at the time of qualifying.

WHERE TO FILE

Officeholders: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates: file with the officer before whom they qualify.

WHEN TO FILE

Officeholders must file no later than July 1, 2013.

Candidates must file during the qualifying period.

WHO MUST FILE FORM 6:

All persons holding the following elective positions, and candidates for such offices: Governor, Lieutenant Governor, Cabinet members, members of the Legislature, Circuit Court Judges, County Judges, State Attorneys, Public Defenders, Clerks of Circuit Courts, Sheriffs, Tax Collectors, Property Appraisers, Supervisors of Elections, County Commissioners, elected Superintendents of Schools, members of District School Boards, Mayor and members of the Jacksonville City Council.

All persons holding the following appointive positions: Justices of the Supreme Court; Judges of the District Court of Appeals; Judges of Compensation Claims; the Duval County Superintendent of Schools; and members of the Florida Housing Finance Corporation Board, the Florida Prepaid College Board, and each expressway authority, transportation authority (except the Jacksonville Transportation Authority), or toll authority created pursuant to F.S. Chapter 348 or 343 or any other general law.

INSTRUCTIONS FOR COMPLETING FORM 6:

INTRODUCTORY INFORMATION (At Top of Form):

If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. Your coordinator is identified in the financial disclosure portal on the Commission on Ethics website: www.ethics.state.fl.us.

NAME OF AGENCY: This should be the name of the governmental unit which you serve or served, or for which you are a candidate.

OFFICE OR POSITION HELD OR SOUGHT: List the title of the office or position you hold, are seeking, or held as of December 31, 2012, even if you have since left that position. If you are a candidate for office, check the box below your name and address.

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. Your Social Security Number is not required and you should redact it from any documents you file. If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address if you submit a written request for confidentiality. Persons listed in Section 119.071(4)(d), F.S., are encouraged to provide an address other than their home address.

PART A — NET WORTH

[Required by Art. II, Sec. 8(a)(i)(1), Fla. Const.]

Report your net worth as of December 31, 2012, or a more current date, and list that date. This should be the same date used to value your assets and liabilities. In order to determine your net worth, you will need to total the value of all your assets and subtract the amount of all of your liabilities. Simply subtracting the liabilities reported in Part C from the assets reported in Part B will not result in an accurate net worth figure in most cases.

To total the value of your assets, add:

- (1) The aggregate value of household goods and personal effects, as reported in Part B of this form;
- (2) The value of all assets worth over \$1,000, as reported in Part B; and
- (3) The total value of any assets worth less than \$1,000 that were not reported or included in the category of "household goods and personal effects."

To total the amount of your liabilities, add:

- (1) The total amount of each liability you reported in Part C of this form, except for any amounts listed in the "joint and several liabilities not reported above" portion; and,
- (2) The total amount of unreported liabilities (including those under \$1,000, credit card and retail installment accounts, and taxes owed).