General Information

Name: Peter Johnson

Address: 24 Clinton Ct N, Palm Coast, FL 32137

County: Flagler

Organization Suborganization Title

N/A

CANDIDATE FOR

| Position Agency Name | | Position sought or held | |
|-----------------------------------|--------------------|-------------------------|--|
| Mayor for a City, Town or Village | City of Palm Coast | Mayor | |
| | | | |

Net Worth

My Net Worth as of June 6, 2024 was \$ 118,954.21.

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 \$ 103,850.12.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|-------------------------------------|----------------|
| Bank Account (Vytstar Credit Union) | \$ 15,104.09 |

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A | | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A | | |

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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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount |
|--|-----------------------------|--------|
| See Attached | | |

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 |
|-------------------------|--|-------------------|--|
| See Attached | | | |

| Interests in Specified | Businesses | |
|------------------------|------------|--|
| | 60 | |
| CO | | |
| 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 6 and that the facts stated in it are true.

Peter Michael Johnson

Digitally signed: 06/06/2024