

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/25/2024

### General Information

Name: Lisa Cullen

PID 226056

### AGENCY INFORMATION

Organization	Suborganization	Title
Brevard County	Elected Constitutional Officer	Tax Collector

### CANDIDATE FOR

Position	Agency Name	Position sought or held
Tax Collector	Brevard County Tax Collector's Office	Tax Collector

### Net Worth

My Net Worth as of December 31, 2023 was \$ 538,178.52.

**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 \$ 75,674.00.

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

Description of Asset	Value of Asset
5165 Pine St Cocoa FL 32927	\$ 517,240.00
Nationwide 547(b) Retirement Account	\$ 145,057.76
Space Coast Credit Union - Savings	\$ 2,279.05
Space Coast Credit Union - Checking	\$ 10,660.31
Ally - Checking	\$ 1,669.58
Deferred Retirement Option Program accrual	\$ 174,424.54
Campaign Loan to Self	\$ 2,000.00

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Sun West Mortgage Co Inc	P.O. Box 6007 Artesia CA 90702-6007	\$ 296,650.90
Honda Financial	P.O. Box 1027 Alpharetta GA 30009	\$ 1,576.59
Kia Finance	P.O. Box 65085 Dallas TX 75265-0805	\$ 9,430.40
Space Coast Credit Union	P.O. Box 419001 Melbourne FL 32941-9001	\$ 63,996.83

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**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 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
Office of the Tax Collector, Brevard County	P.O. Box 2500 Titusville FL 32781-2500	\$ 178,574.12

**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

### Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

### 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.

***Lisa Cullen***

Digitally signed: 05/25/2024

Filed with COE: 05/25/2024