

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/20/2026

General Information

Name: Hon A Kathleen McNeilly

CONFIDENTIAL

PID 266199

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (7Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of April 17, 2026 was \$ 6,199,426.38.

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.

The aggregate value of my household goods and personal effect is \$ 30,810.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
MUTUAL FUNDS - FIDELITY - BALANCED, DIVIDEND GROWTH & LOW PRICED STOCK	\$ 1,042,041.03
MUTUAL FUNDS - T. ROWE PRICE - CAPITAL APPRECIATION & HEALTH SCIENCES	\$ 1,380,348.39
MUTUAL FUNDS - VANGUARD - HEALTHCARE & WELLINGTON	\$ 1,948,885.99
ANNUITY - PREVIOUSLY VANGUARD now serviced by TRANSAMERICA	\$ 766,855.04
FLORIDA STATE PENSION Personal Contribution	\$ 48,043.82
FLORIDA STATE 457b Roth Account	\$ 373,814.79
TRUIST account(s) total	\$ 125,000.17
WELLS FARGO account(s) total	\$ 30,905.37
TD account total	\$ 2,721.78
AUTOMOBILE 2020 CHRYSLER 300 LX	\$ 15,810.00
HOME(S) CONTENTS	\$ 15,000.00
PRIMARY RESIDENCE	\$ 250,000.00
SECONDARY RESIDENCE	\$ 200,000.00

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		

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 2025 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 2025 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
CIRCUIT JUDGE SALARY see attached	STATE OF FLORIDA	\$ 200,836.00
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**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

A Kathleen McNeilly

Digitally signed: 04/20/2026

Filed with COE: 04/20/2026

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, ending _____ See separate instructions.

Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse

Other ☐ Your first name and middle initial Last name Your social security number

A. Kathleen McNeilly Last name Spouse's social security number

If joint return, spouse's first name and middle initial Last name Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. . . . ☒

Home address (number and street). If you have a P.O. box, see instructions. State ZIP code

City, town, or post office. If you have a foreign address, also complete spaces below. Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status ☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____ ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS). If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Check only one box. ☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents (see instructions)

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

Income **1a** Total amount from Form(s) W-2, box 1 (see instructions). **187,580.**

b Household employee wages not reported on Form(s) W-2. **1b**

c Tip income not reported on line 1a (see instructions). **1c**

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). **1d**

e Taxable dependent care benefits from Form 2441, line 26. **1e**

f Employer-provided adoption benefits from Form 8839, line 31. **1f**

g Wages from Form 8919, line 6. **1g**

h Other earned income (see instructions). Enter type and amount: **1h**

i Nontaxable combat pay election (see instructions). **1i**

z Add lines 1a through 1h. **1z 187,580.**

2a Tax-exempt interest. **2a** **2b** Taxable interest. **2b**

3a Qualified dividends. **3a** **18,066.** **b** Ordinary dividends. **3b** **37,152.**

c Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b **4b** **8,008.**

4a IRA distributions. **4a** **64,008.** **b** Taxable amount. **5b** **0.**

c Check if (see instructions). **1** ☐ Rollover **2** ☐ QCD **3** ☐

5a Pensions and annuities. **5a** **4,396.** **b** Taxable amount. **6b**

c Check if (see instructions). **1** ☒ Rollover **2** ☐ PSO **3** ☐

6a Social security benefits. **6a** **b** Taxable amount. **7a** **85,885.**

c If you elect to use the lump-sum election method, check here (see instructions). **7a**

d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here. **8**

7a Capital gain or (loss). Attach Schedule D if required. **8**

b Check if: ☒ Schedule D not required ☐ Includes child's capital gain or (loss) **9** **321,052.**

8 Additional income from Schedule 1, line 10. **9**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**. **10** **321,052.**

10 Adjustments to income from Schedule 1, line 26. **11a**

11a Subtract line 10 from line 9. This is your **adjusted gross income**. **11a**

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Tax and Credits

Standard Deduction for

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instructions.

11b	Amount from line 11a (adjusted gross income)	11b	321,052.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
Spouse:	☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	19.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,769.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income.	15	305,283.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814		
2	☐ 4972 ☐	16	57,082.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	57,082.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	57,082.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,600.
24	Add lines 22 and 23. This is your total tax	24	61,682.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	35,298.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	35,298.
26	2025 estimated tax payments and amount applied from 2024 return. If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):	26	30,000.
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		
c	If you do not want to claim the EIC, check here		
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	65,298.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,616.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	0.
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	3,616.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ Yes. Complete below. ☐ No			
Designee's name	John A. Shelley	Phone no.	386-322-3787
		Personal identification number (PIN)	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (386) 736-4741	Email address		

Paid Preparer Use Only

Preparer's name	John A. Shelley	Preparer's signature	Date	PTIN	P00129604	Check if: ☐ Self-employed
Firm's name	SHELLEY & SHELLEY CPA PA	Phone no.	386-322-3787	Firm's EIN		
Firm's address	1515 Herbert St, Ste 213 Port Orange, FL 32129					

SCHEDULE B
(Form 1040)Department of the Treasury
Internal Revenue Service**Interest and Ordinary Dividends**Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **08**

Name(s) shown on return

A. Kathleen McNeilly

Your social security number

Part I**Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you
received a
Form 1099-INT,
Form 1099-OID, or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the total
interest shown on
that form.

- 1**
- List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Truist BankWells Fargo Bank, N.A.**Amount**

2,073.

354.

1

- 2**
- Add the amounts on line 1.
- 2**
- 2,427.
-
- 3**
- Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.
- 3**
-
- 4**
- Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b
- 4**
- 2,427.

Note: If line 4 is over \$1,500, you must complete Part III.**Amount****Part II****Ordinary Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you
received a
Form 1099-DIV or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the
ordinary dividends
shown on that form.

- 5**
- List name of payer:

Fidelity BalancedFidelity Dividend GrowthFidelity Low Priced StockT Rowe Price-Capital ApprecT Rowe Price-Health SciencesVanguard Marketing Corp

3,655.

1,721.

2,877.

15,879.

355.

12,665.

5

- 6**
- Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.
- 6**
- 37,152.

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign Accounts and Trusts****Caution:** If required,
failure to file FinCEN
Form 114 may
result in substantial
penalties.
Additionally, you may
be required to file

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a**
- At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
-
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
-
- b**
- If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial

Yes **No****X**