

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/15/2026

General Information

Name: Hon Thomas Patterson Maney

CONFIDENTIAL

PID 17474

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	Florida House of Representatives	State Representatove District 4

Net Worth

My Net Worth as of December 31, 2025 was \$ 2,482,389.00.

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 \$ 521,224.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Synovus Bank Checking {REDACTED}	\$ 18,768.00
Synovus Bank Checking {REDACTED}	\$ 65,752.00
Synovus Bank Checking {REDACTED}	\$ 4,406.00
T. Patterson Maney IRA	\$ 809,671.00
Florida Deferred Compensation Plan	\$ 111,929.00
Beneficial interest -Thomas Patterson Revocable Trust Trust	\$ 1,171,476.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Pentagon Federal Credit Union	P.O. Box 71818, Philadelphia, PA 19176	\$ 220,838.00

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
State of Florida	200 E Gaines Street, Tallahassee, FL 32399-0356	\$ 29,911.00
Florida Retirement System	P.O. Box 9000, Tallahassee, FL 32315	\$ 130,395.00
Social Security Administration	111B Racetrack Rd, Ft Walton Beach, FL 32547	\$ 56,916.00
T Patterson Maney IRA RMD (REDACTED)	TD Ameritrade, P.O. Box 2209, Omaha, NE 68103-2209	\$ 50,547.00
Rental Real Estate	P.O.Box 708, Shalimar, FL 32579	\$ 152,259.00

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.

Thomas Patterson Maney

Digitally signed: 05/15/2026

Filed with COE: 05/15/2026

SYNOVUS®

January 16, 2026

T PATTERSON MANEY

Balance Summary

(continued)

Date	Amount	Date	Amount	Date	Amount
12-24	5,999.20	01-06	11,075.46	01-12	14,550.90
12-29	5,699.20	01-07	11,293.89	01-13	14,148.63
12-30	5,591.28	01-08	14,781.89	01-15	12,323.63
12-31	18,768.23	01-09	14,898.56	01-16	9,922.35
01-02	11,145.46				

Interest Summary

Annual percentage yield earned	0.01%	Average balance for APY	8,586.05
Interest-bearing days	32	Interest	0.04

Overdraft/Return Item Fees

	Total for this period	Total prior year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2025**• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

THOMAS P MANEY

Box 2. Beneficiary's Social Security Number

[REDACTED]

Box 3. Benefits Paid in 2025

\$56,916.00

Box 4. Benefits Repaid to SSA in 2025

NONE

Box 5. Net Benefits for 2025 (Box 3 minus Box 4)

\$56,916.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$52,476.00
Medicare Part B premiums deducted from your benefits	\$4,440.00
Total Additions	\$56,916.00
Benefits for 2025	\$56,916.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

THOMAS P MANEY
PO BOX 708
SHALIMAR FL 32579-0708

Box 8. Claim Number (Use this number if you need to contact SSA.)

[REDACTED]

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE TX 76262
1-800-435-4000

1 Gross distribution
\$ 50,547.44
2a Taxable amount
\$ 50,547.44
2b Taxable amount not determined ☒

OMB No. 1545-0119

2025

Form 1099-R

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

Copy B

Report this
income on your
federal tax
return. If this
form shows
federal income
tax withheld in
box 4, attach
this copy to
your return.

This information is
being furnished to
the IRS.

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

THOMAS PATTERSON MANEY
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY
PO BOX 708
SHALIMAR, FL 32579

3 Capital gain (included in box 2a)
\$

4 Federal income tax withheld
\$ 0.00

5 Employee contributions/ Designated Roth contributions or insurance premiums
\$

6 Net unrealized appreciation in employer's securities
\$

7 Distribution code(s)
7

IRA/ SEP/ SIMPLE ☒

8 Other
\$ %

9a Your percentage of total distribution %

9b Total employee contributions \$

10 Amount allocable to IRP within 5 years
\$

11 1st year of desig. Roth contrib.

12 FATCA filing requirement ☐

14 State tax withheld
\$

15 State/Payer's state no.
\$

16 State distribution
\$

Account number (see instructions)

13 Date of payment

17 Local tax withheld
\$

18 Name of locality
\$

19 Local distribution
\$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE TX 76262
1-800-435-4000

1 Gross distribution
\$ 50,547.44
2a Taxable amount
\$ 50,547.44
2b Taxable amount not determined ☒

OMB No. 1545-0119

2025

Form 1099-R

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

Copy C

For Recipient's
Records

This information is
being furnished to
the IRS.

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

THOMAS PATTERSON MANEY
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY
PO BOX 708
SHALIMAR, FL 32579

3 Capital gain (included in box 2a)
\$

4 Federal income tax withheld
\$ 0.00

5 Employee contributions/ Designated Roth contributions or insurance premiums
\$

6 Net unrealized appreciation in employer's securities
\$

7 Distribution code(s)
7

IRA/ SEP/ SIMPLE ☒

8 Other
\$ %

9a Your percentage of total distribution %

9b Total employee contributions \$

10 Amount allocable to IRP within 5 years
\$

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12 FATCA filing requirement ☐

14 State tax withheld
\$

15 State/Payer's state no.
\$

16 State distribution
\$

Account number (see instructions)

13 Date of payment

17 Local tax withheld
\$

18 Name of locality
\$

19 Local distribution
\$

Form 1099-R

(Keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE TX 76262
1-800-435-4000

1 Gross distribution
\$ 50,547.44
2a Taxable amount
\$ 50,547.44
2b Taxable amount not determined ☒

OMB No. 1545-0119

2025

Form 1099-R

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

Copy 2

File this copy
with your state,
city, or local
income tax
return, when
required.

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

THOMAS PATTERSON MANEY
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY
PO BOX 708
SHALIMAR, FL 32579

3 Capital gain (included in box 2a)
\$

4 Federal income tax withheld
\$ 0.00

5 Employee contributions/ Designated Roth contributions or insurance premiums
\$

6 Net unrealized appreciation in employer's securities
\$

7 Distribution code(s)
7

IRA/ SEP/ SIMPLE ☒

8 Other
\$ %

9a Your percentage of total distribution %

9b Total employee contributions \$

10 Amount allocable to IRP within 5 years
\$

11 1st year of desig. Roth contrib.

12 FATCA filing requirement ☐

14 State tax withheld
\$

15 State/Payer's state no.
\$

16 State distribution
\$

Account number (see instructions)

13 Date of payment

17 Local tax withheld
\$

18 Name of locality
\$

19 Local distribution
\$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 130,395.36		OMB No. 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.	
			2a Taxable amount \$ 130,395.36				
			2b Taxable amount not determined ☐				Total distribution ☐
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 18,792.00	
RECIPIENT THOMAS P MANEY PO BOX 708 SHALIMAR FL 32579-0708				5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
				7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
				9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 130,395.36		OMB No. 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS.	
			2a Taxable amount \$ 130,395.36				
			2b Taxable amount not determined ☐				Total distribution ☐
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 18,792.00	
RECIPIENT THOMAS P MANEY PO BOX 708 SHALIMAR FL 32579-0708				5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
				7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
				9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

SYNOVUS[®]

January 13, 2026

THOMAS P MANEY

Balance Summary

Date	Amount	Date	Amount	Date	Amount
12-10	26,797.51	12-23	63,994.95	01-02	15,751.75
12-12	25,897.51	12-30	59,994.95	01-12	5,703.49
12-18	25,297.51	12-31	65,751.75	01-13	5,701.49
12-22	65,044.95				

Overdraft/Return Item Fees

	Total for this period	Total prior year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

SYNOVUS®

January 16, 2026

[REDACTED]
[REDACTED] MANEY**Deposits/Other Credits**

Date	Transaction Type	Description	Amount
12-31	Preauthorized Credit	DFAS-IN IND, IN ARMY ALLT [REDACTED]	1,695.00
12-31	Preauthorized Credit	DFAS-IN IND, IN AF MP ALLT [REDACTED]	1,995.00
01-02	Deposit		1,750.00
01-16	Transfer	REF 0161716L FUNDS TRANSFER FRM [REDACTED] FROM INTERNETBNKG	2,150.00

Balance Summary

Date	Amount	Date	Amount	Date	Amount
12-15	6,818.74	12-26	8,607.36	01-02	4,594.36
12-16	6,789.36	12-29	311.36	01-15	1,109.36
12-18	4,194.36	12-30	711.36	01-16	3,257.36
12-24	6,907.36	12-31	4,406.36		

Overdraft/Return Item Fees

	Total for this period	Total prior year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Contributory IRA of
THOMAS PATTERSON MANEY
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Account Nickname
TPM IRA
Account Number
[REDACTED]
Statement Period
December 1-31, 2025

Account Summary

Ending Account Value as of 12/31
\$896,719.74

Beginning Account Value as of 12/01
\$919,164.32



	Jan '25	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
This Statement													
Beginning Account Value									\$919,164.32				\$1,157,536.30
Deposits									0.00				0.00
Withdrawals									(39,747.44)				(50,547.44)
Dividends and Interest									3,906.68				21,649.13
Transfer of Securities									0.00				0.00
Market Appreciation/(Depreciation)									13,396.18				(231,918.25)
Expenses									0.00				0.00
Ending Account Value									\$896,719.74				\$896,719.74
Pending Dividends and Accrued Interest ^d									106.50				
Total Estimated Value ^d									\$896,826.24				

Ending Account Value reflects the market value of your cash and investments. It does not include pending transactions, accrued interest, unpriced securities or assets held outside Schwab's custody.

Your Consultant

Nathan Allen
VP - Financial Consultant
1 850-898-8423
nathan.allen@schwab.com

Manage Your Account

Customer Service and Trading:

Call your Schwab Representative
1-800-435-4000
24/7 Customer Service

For the most current records on your account
visit schwab.com/login. Statements are
archived up to 10 years online.

Commitment to Transparency

Client Relationship Summaries and Best Interest
disclosures are at schwab.com/transparency.
Charles Schwab & Co., Inc. Member SIPC.

Online Assistance

Visit us online at schwab.com

Visit schwab.com/stmt to explore the features
and benefits of this statement.

THOMAS PATTERSON MANEY
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY
PO BOX 708
SHALIMAR FL
32579-0708



Schwab One® Trust Account of
C MANEY & T MANEY TTEE
CAROLINE SMILEY MANEY REVOCABL
U/A DTD 05/10/2004

Account Nickname
CSM/TPM Living Trust
Account Number
[REDACTED]

Statement Period
December 1-31, 2025

Account Summary

Ending Account Value as of 12/31
\$1,771,475.91

Beginning Account Value as of 12/01
\$1,778,717.65



	Jan '25	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Beginning Account Value									\$1,778,717.65				\$1,584,027.07
Deposits									0.00				0.00
Withdrawals									0.00				(8,000.00)
Dividends and Interest									4,879.88				28,168.14
Transfer of Securities									0.00				0.00
Market Appreciation/(Depreciation)									(12,121.62)				167,305.03
Expenses									0.00				(24.33)
Ending Account Value									\$1,771,475.91				\$1,771,475.91
Pending Dividends and Accrued Interest ^d										1,269.67			
Total Estimated Value ^d										\$1,772,745.58			

Ending Account Value reflects the market value of your cash and investments. It does not include pending transactions, accrued interest, unpriced securities or assets held outside Schwab's custody.

Your Consultant

Nathan Allen
VP - Financial Consultant
1 850-898-8423
nathan.allen@schwab.com

Manage Your Account

Customer Service and Trading:

Call your Schwab Representative.
1-800-435-4000
24/7 Customer Service

For the most current records on your account visit schwab.com/login. Statements are archived up to 10 years online.

Commitment to Transparency

Client Relationship Summaries and Best Interest disclosures are at schwab.com/transparency. Charles Schwab & Co., Inc. Member SIPC.

Online Assistance

Visit us online at schwab.com

Visit schwab.com/stml to explore the features and benefits of this statement.

C MANEY & T MANEY TTEE
[REDACTED] MANEY REVOCABL
U/A DTD 05/10/2004
PO BOX 708
SHALIMAR FL
32579-0708

THOMAS PATTERSON MANEY
PO BOX 708
SHALIMAR FL 32579-0708

Please review your statement carefully. Corrections may not be accepted more than 45 days after the closing date of the statement.

Account statement
Account number: [REDACTED] **Plan(s):** 457(b)
Dates: 10/1/2025 - 12/31/2025

Balance and performance

Total account balance **\$111,929.35**

Personal rate of return

	Quarterly	1-year
457(b) Plan	2.14%	14.57%

Personal rate of return is an estimate for your account. For the period shown, the calculation considers deposits, withdrawals and performance of the investments (net of fees) in your core account. Past performance is not a guarantee of future success.

Quarterly activity

Previous quarter ending balance	\$105,051.96
Contributions	\$4,590.33
Rollovers/Transfers In	\$0.00
Dividends*	\$0.00
Investment gain/loss and interest	\$2,309.87
Fees/Charges	-\$22.81
Withdrawals/Transfers Out	\$0.00
Current quarter ending balance	\$111,929.35

* May include dividends, fund reimbursements and/or capital gains

Current investments by asset class

This chart shows how the money in your account is divided among the different asset classes.

Note: Due to rounding, percentages may not equal 100%.



Balance history



Account balances are rounded to the nearest dollar and are the balances at the time your original statement was produced.

Retirement readiness

Based on your information, you're on track to receive

\$1,327/mo

in retirement starting at age 80!

Results are hypothetical and based on your most recent inputs in the My Income & Retirement PlannerSM including, but not limited to 30 years in retirement; a rate of return that is an index average based on your investment type; 2.5% annual inflation; 85% of income needed at retirement; and a 2.5% average annual salary increase. Visit your account for more information. Please note future retirement income is not guaranteed.

You may have a surplus of
\$629/mo

Log in to your account at
www.nrsflorida.com to see how
you can change your retirement
outlook.





PO Box 71818
Philadelphia, PA 19176

15296055
THOMAS PATTERSON MANEY
[REDACTED]

Statement Date: December 01, 2025

MORTGAGE BILLING STATEMENT



Online Information: www.PenFed.org



Member Service Center
800-555-8055
(M-F) 8 a.m. - 8 p.m. Eastern



Correspondence:
PO Box 71818
Philadelphia, PA 19176

Payments:
PO Box 650001
Dallas, TX 75265-0001

Loan Number: [REDACTED]
Next Payment Due Date: 01/01/2026
Amount Due: \$2,597.77
If payment is received after 1/15/2026, a late charge of \$100.00 may be charged.

Account Information		Explanation of Amount Due	
Property Address:	[REDACTED]	Principal	\$1,922.29
Outstanding Principal Balance(s)	\$270,838.30	Interest	\$507.82
Escrow Balance	\$4,437.80	Escrow (Taxes and Insurance)	\$567.66
Interest Rate	2.250%	Optional Products	\$0.00
Prepayment Penalty	No	Regular Monthly Payment	\$2,597.77
		Total Fees and Charges since last statement	\$0.00
		Past Unpaid Fees and Charges	\$0.00
		Past Unpaid Amount	\$0.00
		Total Payment Amount	\$2,597.77

Transaction Activity (11/04/25 - 12/01/25)								
Date Paid	Description	Principal	Interest	Escrow	Additional Monthly Amount	Fees and Charges	Partial Payment (Unapplied)	Total
11/05/25	PAYMENT	\$1,911.95	\$518.28	\$447.84	\$0.00	\$0.00	\$0.00	\$2,877.77
12/01/25	PRINCIPAL CURTLEMENT PAYMENT	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00

Important Messages

If you are experiencing financial difficulty, additional information about mortgage counseling or assistance can be found on the back of this statement.
If you sought protection from bankruptcy court, additional information can be found on the back of this statement.

Past Payments Breakdown			Special Messages	
	Paid Since Last Statement	Paid Year to Date	Please Note: We have updated correspondence addresses on the back of this statement. If you have any questions or we can be of further assistance, please contact PenFed Mortgage Servicing at 1-800-555-8055. Use the equity you've built in your home to access funds for major expenses. View the features and benefits at 	
Principal	\$5,511.95	\$65,922.87		
Interest	\$518.14	\$6,938.45		
Escrow (Taxes and Insurance)	\$567.66	\$6,302.66		
Optional Products	\$0.00	\$0.00		
Fees and Charges	\$0.00	\$0.00		
Partial Payment (Unapplied)*	\$0.00	\$0.00		
Deferred Balances	\$0.00	\$0.00		
Payment Supplement	\$0.00	\$0.00		
Total	\$6,597.77	\$102,164.98		
* See reverse for information about partial payments				

* See reverse for information about partial payments

Please detach bottom portion and return with your payment.

- Your account is set-up for AutoPay and payments will be processed automatically according to the enrollment terms.
- The next draft is scheduled for: 01/01/2026.
- If the draft date falls on a non-business day (e.g., a holiday, Saturday, or Sunday), we will process the payment on the next business day with an effective date per the AutoPay enrollment terms.
- If the loan is paid ahead or past due, the AutoPay will not draft.
- If the monthly payment due exceeds the principal balance, AutoPay will not draft.
- For real-time status of your account, please visit your home loan dashboard at www.penfed.org.



PO Box 71818
Philadelphia, PA 19176

28550202
THOMAS PATTERSON MANEY
[REDACTED] MANEY
PO BOX 708
SHALIMAR FL 32579
[REDACTED]

Statement Date: January 02, 2026

MORTGAGE BILLING STATEMENT

Online Information: www.PenFed.org

Member Service Center
800-585-9053
(M-F) 8 a.m. - 8 p.m. Eastern

Correspondence:
PO Box 71818
Philadelphia, PA 19176

Payments:
PO Box 650001
Dallas, TX 75265-0001

Loan Number: [REDACTED]
Next Payment Due Date: 02/01/2026
Amount Due: **\$2,597.77**
If payment is received after 2/18/2026, a late charge of \$103.91 may be charged.

Account Information		Explanation of Amount Due	
Property Address	[REDACTED]	Principal	\$1,626.57
Outstanding Principal Balance(s)	\$215,322.26	Interest	\$403.54
Escrow Balance	\$5,007.29	Escrow (Taxes and Insurance)	\$367.66
Interest Rate	2.250%	Optional Products	\$0.00
Prepayment Penalty	No	Regular Monthly Payment	\$2,597.77
		Total Fees and Charges since last statement	\$0.00
		Past Unpaid Fees and Charges	\$0.00
		Past Unpaid Amount	\$0.00
		Total Payment Amount	\$2,597.77

Transaction Activity (12/02/25 - 01/02/26)								
Date Paid	Description	Principal	Interest	Escrow	Additional Monthly Amount	Fees and Charges	Partial Payment (Unapplied)	Total
12/31/25	PRINCIPAL CURTAILMENT PAYMENT	\$94,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$94,000.00
12/31/25	DIVIDEND ON ESCROW	\$0.00	\$0.00	\$1.88	\$0.00	\$0.00	\$0.00	\$1.88
01/02/26	PAYMENT	\$1,626.54	\$404.07	\$567.66	\$0.00	\$0.00	\$0.00	\$2,597.77
01/02/26	PRINCIPAL CURTAILMENT PAYMENT	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00

Important Messages

If you are experiencing financial difficulty, additional information about mortgage counseling or assistance can be found on the back of this statement. If you sought protection from bankruptcy court, additional information can be found on the back of this statement.

Past Payments Breakdown			Special Messages	
	Paid Since Last Statement	Paid Year to Date		
Principal	\$55,818.04	\$5,818.04	Please Note: We have updated correspondence addresses on the back of this statement. If you have any questions or we can be of further assistance, please contact PenFed Mortgage Servicing at 1-800-585-9053. Use the equity you've built in your home to access funds for major expenses. View the features and benefits at [REDACTED]	
Interest	\$414.97	\$414.97		
Escrow (Taxes and Insurance)	\$367.66	\$367.66		
Optional Products	\$0.00	\$0.00		
Fees and Charges	\$0.00	\$0.00		
Partial Payment (Unapplied)*	\$0.00	\$0.00		
Deferred Balance	\$0.00	\$0.00		
Payment Supplement	\$0.00	\$0.00		
Total	\$56,597.77	\$6,597.77		

* See reverse for information about partial payments

Please detach bottom portion and return with your payment.

- Your account is set-up for AutoPay and payments will be processed automatically according to the enrollment terms.
- The next draft is scheduled for: 02/01/2026.
- If the draft date falls on a non-business day (e.g., a holiday, Saturday, or Sunday), we will process the payment on the next business day with an effective date per the AutoPay enrollment terms.
- If the loan is paid ahead or past due, the AutoPay will not draft.
- If the monthly payment due exceeds the principal balance, AutoPay will not draft.
- For real-time status of your account, please visit your home loan dashboard at www.penfed.org.

a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-004		Intradepartment number 0000000064	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 11,549.28		2 Federal income tax withheld 5,820.00	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,910.60		4 Social security tax withheld 1,854.46	
		5 Medicare wages and tips 29,910.60		6 Medicare tax withheld 433.70	
		7 Social security tips		10 Dependent care benefits	
d Control number 000853 01/07		11 Nonqualified plans		12a See instructions for box 12 G 18,361.32	
e Employee's first name, mi, and last name THOMAS P MANEY P O BOX 708 SHALIMAR, FL 32579		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-004		Intradepartment number 0000000064	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 11,549.28		2 Federal income tax withheld 5,820.00	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,910.60		4 Social security tax withheld 1,854.46	
		5 Medicare wages and tips 29,910.60		6 Medicare tax withheld 433.70	
		7 Social security tips		10 Dependent care benefits	
d Control number 000853 01/07		11 Nonqualified plans		12a See instructions for box 12 G 18,361.32	
e Employee's first name, mi, and last name THOMAS P MANEY P O BOX 708 SHALIMAR, FL 32579		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W REV. 06/18/2025

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.