

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/08/2023

### General Information

Name: Hon Thomas Simpson Reese

**CONFIDENTIAL**

Address: {REDACTED}

**PID 13668**

County: {REDACTED}

### AGENCY INFORMATION

| Organization           | Suborganization        | Title                  |
|------------------------|------------------------|------------------------|
| Judicial Senior Judges | Consent to be Assigned |                        |
| Judicial Senior Judges | Consent to be Assigned | Senior / Retired Judge |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 1,637,300.00.

**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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 110,550.00.

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

| Description of Asset  | Value of Asset |
|-----------------------|----------------|
| residence             | \$ 400,000.00  |
| Deferred Compensation | \$ 277,023.00  |
| USAA FEDERAL SAVINGS  | \$ 86,433.00   |
| CHARLES SCHWAB        | \$ 336,726.00  |
| SCHWAB NON-IRA MUTUAL | \$ 75,739.00   |
| WELLS FARGO SAVINGS   | \$ 101,377.00  |
| OZR BANK CD           | \$ 52,219.00   |
| OZR BANK CD           | \$ 50,000.00   |
| UNITED FIDELITY CD    | \$ 153,244.00  |

**Liabilities**

## LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor   | Amount of Liability |
|------------------|-----------------------|---------------------|
| ALIMONY          | {REDACTED} {REDACTED} | \$ 6,000.00         |

## 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.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount        |
|--------------------------------------------|-----------------------------|---------------|
| STATE OF FLORIDA W2 SENIOR JUDGE PAY       | TALAHASSEE                  | \$ 18,750.00  |
| STATE OF FLORIDA FRS                       | TALAHASSEE                  | \$ 108,219.00 |
| SOCIAL SECURITY                            | FLORIDA                     | \$ 36,037.00  |
| CHARLES SCHWAB RMD                         | FLORIDA                     | \$ 20,719.00  |
| UNITED FIDELITY BANK                       | FLORIDA                     | \$ 1,397.00   |

**SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):**

| Business Entity | Major Sources of Business Income | Address | Principal Business Activity of Source |
|-----------------|----------------------------------|---------|---------------------------------------|
| N/A             |                                  |         |                                       |

**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.

***Thomas Simpson Reese***

Digitally signed: **05/08/2023**

Filed with COE: **05/08/2023**