

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

Filed with COE: 05/10/2023

### General Information

Name: Hon Robert D Grode II

**CONFIDENTIAL**

Address: P.O. Box 9000, Drawer J101, Bartow, FL 33831

**PID 252153**

County: Polk

### AGENCY INFORMATION

| Organization            | Suborganization                | Title             |
|-------------------------|--------------------------------|-------------------|
| Judicial Circuit (10Th) | Elected Constitutional Officer | Polk County Judge |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 1,300,000.00.

### 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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                                 | Value of Asset |
|----------------------------------------------------------------------|----------------|
| residence                                                            | \$ 300,000.00  |
| Morgan Stanley held stocks, Roth accounts and Roth rollover accounts | \$ 900,000.00  |
| Vehicles                                                             | \$ 50,000.00   |

**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.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount |
|--------------------------------------------|-----------------------------|--------|
| N/A                                        |                             |        |

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.

***Robert D Grode II***

Digitally signed: 05/10/2023

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