

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

Filed with COE: 05/10/2023

### General Information

Name: Hon Kim Hernandez Brennan **CONFIDENTIAL**  
Address: 401 N JEFFERSON ST STE 462, TAMPA, FL 33602 **PID 212119**  
County: Hillsborough

### AGENCY INFORMATION

| Organization            | Suborganization                | Title         |
|-------------------------|--------------------------------|---------------|
| Judicial Circuit (13Th) | Elected Constitutional Officer | Circuit Judge |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 991,274.00.

**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 \$ 188,000.00.

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

| Description of Asset                              | Value of Asset |
|---------------------------------------------------|----------------|
| Ameriprise Investment Account                     | \$ 612,104.00  |
| Bank of Tampa Checking Account                    | \$ 56,194.00   |
| Regions Bank Checking (\$12,876) and Sav. (\$163) | \$ 12,876.00   |
| Nationwide Annuity                                | \$ 148,741.00  |

**Liabilities****LIABILITIES IN EXCESS OF \$1,000:**

| Name of Creditor | Address of Creditor                | Amount of Liability |
|------------------|------------------------------------|---------------------|
| Nelnet           | P.O. Box 740283, Atlanta, GA 30374 | \$ 19,282.00        |

**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                           | 200 E. Gaines Street, Tallahassee, Florida | \$ 182,060.00 |

**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.

***Kim Hernandez Brennan***

Digitally signed: **05/10/2023**

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