

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

Filed with COE: 05/25/2023

### General Information

Name: Hon Carolyn D. Swift **CONFIDENTIAL**  
Address: 1700 MONROE ST LEE COUNTY JUSTICE CENTER, FORT MYERS, FL 33901 **PID 276996**  
County: Lee

### AGENCY INFORMATION

| Organization            | Suborganization                | Title         |
|-------------------------|--------------------------------|---------------|
| Judicial Circuit (20Th) | Elected Constitutional Officer |               |
| Judicial Circuit (20Th) | Elected Constitutional Officer | Circuit Judge |

### Net Worth

My Net Worth as of May 25, 2023 was \$ 2,569,911.40.

**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 \$ 75,000.00.

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

| Description of Asset                                | Value of Asset  |
|-----------------------------------------------------|-----------------|
| Residence [REDACTED]                                | \$ 1,000,000.00 |
| Fidelity Freedom 2040                               | \$ 552,787.81   |
| Synovus CD                                          | \$ 250,000.00   |
| State of Florida Deferred Compensation (Nationwide) | \$ 293,705.34   |
| 529 Plan NH Portfolio 2027 (Fidelity Funds)         | \$ 104,898.78   |
| 529 Plan NH Portfolio 2024 (Fidelity Funds)         | \$ 101,865.81   |
| 529 Plan NH Portfolio 2030 (Fidelity Funds)         | \$ 6,088.57     |
| 529 Plan NH Portfolio 2018 (Fidelity College Port)  | \$ 4,945.38     |
| 529 Plan NH Portfolio 2033 (Fidelity Funds)         | \$ 3,437.41     |
| 529 Plan NH Portfolio 2036/39 (Fidelity Funds)      | \$ 2,631.61     |
| Suncoast Credit Union Money Marker                  | \$ 99,132.90    |
| Suncoast Credit Union Checking                      | \$ 1,040.17     |
| Suncoast Credit Union Savings                       | \$ 1,908.78     |
| Northwestern Mutual Whole Life Insurance            | \$ 44,968.89    |
| Synovus Checking                                    | \$ 27,500.00    |

**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.

☐ I elect to file a copy of my 2022 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 (salary)                  | 200 E. Gaines St., Tallahassee, FL 32399 | \$ 182,060.04 |
| Suncoast Credit Union (interest)           | P.O. Box 11904, Tampa, FL 33680          | \$ 2,339.63   |

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.

***Carolyn D. Swift***

Digitally signed: 05/25/2023

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