

2023 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 07/14/2023

General Information

Name: Hon Jill Conlon Walker

CONFIDENTIAL

PID 20691

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 01/02/2023

AGENCY INFORMATION

Organization	Suborganization	Title

Net Worth

My Net Worth as of January 2, 2023 was \$ 2,049,484.39.

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 \$ 340,398.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
real estate {REDACTED} (address protected)	\$ 402,629.00
real estate {REDACTED} (address protected)	\$ 524,840.00
Bank Account (Wells Fargo)	\$ 18,546.00
Bank Account (First Bank)	\$ 3,104.00
Bank Account (Nantahala National Bank & Trust)	\$ 147,944.00
Deferred Comp T Rowe Price Comm Tech	\$ 4,271.00
DC T Rowe Price Health Science	\$ 89,912.00
DC T Rowe Price Science & Tech	\$ 101,332.00
DC T Rowe Price New Horizons Fund	\$ 161,774.00
DC Vanguard SPMdCap400 Indx Inst.	\$ 262,754.00
DC MSIF Gr A	\$ 99,966.00
DC Charles Schwab Bank	\$ 3,688.00
IRA E-Trade Disney	\$ 34,752.00
IRA E-Trade Vanguard 500 Indx FD Admiral	\$ 39,495.00
State of Florida DROP	\$ 704,190.39

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Ally Bank	P.O.B. 77404, Ewing, NJ 08628	\$ 742,934.00
Pentagon Federal	P.O.B. 1432, Alexandria, VA 22313-2032	\$ 68,737.00

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
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

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

Jill Conlon Walker

Digitally signed: 07/14/2023

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