

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/01/2024

### General Information

Name: Hon David James Oberliesen

PID 295392

### AGENCY INFORMATION

| Organization           | Suborganization                | Title |
|------------------------|--------------------------------|-------|
| Judicial Circuit (1St) | Elected Constitutional Officer |       |

### Net Worth

My Net Worth as of June 1, 2024 was \$ 673,557.55.

**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 \$ 150,000.00.

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

| Description of Asset                     | Value of Asset |
|------------------------------------------|----------------|
| Homestead Property                       | \$ 650,000.00  |
| Northwestern Mutual IRA x1278            | \$ 48,038.83   |
| Northwestern Mutual Simple IRA x 8925    | \$ 41,307.21   |
| 529 Account x9801                        | \$ 26,339.79   |
| 529 Account x9802                        | \$ 23,720.90   |
| Bank of America Savings Account x6743    | \$ 17,029.11   |
| Bank of America Checking Account x8217   | \$ 7,646.42    |
| Bank of America Savings Account x9857    | \$ 2,570.65    |
| Bank of America Savings Account x3612    | \$ 1,350.69    |
| Bank of America Savings Account x4420    | \$ 1,350.69    |
| Northwestern Mutual Life Insurance x7674 | \$ 3,704.05    |
| Northwestern Mutual Life Insurance x4950 | \$ 5,267.77    |
| Ameriprise Investment Account x0133      | \$ 21,914.52   |

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/01/2024

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                           | Address of Creditor                               | Amount of Liability |
|--------------------------------------------|---------------------------------------------------|---------------------|
| Navient Student Loan x1-01                 | PO Box 9500 Wilkes-Barre, PA 18773-9500           | \$ 5,599.50         |
| Navient Student Loan x1-02                 | PO Box 9500 Wilkes-Barre, PA 18773-9500           | \$ 10,631.29        |
| Eglin Federal Credit Union Mortgage x797M1 | 838 Eglin Parkway NE, Fort Walton Beach, FL 32547 | \$ 251,142.82       |
| Eglin Federal Credit Union Car Loan x797L3 | 838 Eglin Parkway NE, Fort Walton Beach, FL 32547 | \$ 55,605.42        |

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. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 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        |
|--------------------------------------------|----------------------------------------|---------------|
| Salary - State of Florida                  | 200 E Gaines St, Tallahassee, FL 32399 | \$ 191,163.25 |

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

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | 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.

***David James Oberliesen***

Digitally signed: 06/01/2024

Filed with COE: 06/01/2024