

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/27/2024

General Information

Name: Hon Stacy Daryl Glick

CONFIDENTIAL

PID 224406

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

Net Worth

My Net Worth as of June 16, 2024 was \$ 8,176,517.57.

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 \$ 300,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 3,000,000.00
Condo	\$ 2,000,000.00
Core bridge (deferred compensation)	\$ 35,000.00
checking account	\$ 302,000.00
city national bank	\$ 167,000.00
chase	\$ 10,000.00
Morgan Stanley (annuities, stocks, bonds)	\$ 2,975,000.00

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

Name of Creditor	Address of Creditor	Amount of Liability
Residence mortgage	usa	\$ 238,275.00
Huntington Bank (boat)	Columbus, Ohio	\$ 8,337.68
BMW Financial (car)	North America	\$ 55,869.75

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
See Attached		

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
See Attached			

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.

Stacy Daryl Glick

Digitally signed: 06/27/2024

Filed with COE: 06/27/2024

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending . 20 See separate instructions.

Your first name and middle initial
STACY DARYL
Last name
GLICK
Your social security number
[REDACTED]
If joint return, spouse's first name and middle initial
Last name
Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
[REDACTED] Apt. no.
City, town, or post office, if you have a foreign address, also complete spaces below. State FL ZIP code [REDACTED]
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status ☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):
(1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see inst.):
Child tax credit Credit for other dependents
If more than four dependents, see instructions and check here. ☐

Income
1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** 179,616
1b Household employee wages not reported on Form(s) W-2 **1b**
1c Tip income not reported on line 1a (see instructions) **1c**
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**
1e Taxable dependent care benefits from Form 2441, line 26 **1e**
1f Employer-provided adoption benefits from Form 8839, line 29 **1f**
1g Wages from Form 8919, line 6 **1g**
1h Other earned income (see instructions) **1h**
1i Nontaxable combat pay election (see instructions) **1i**
1z Add lines 1a through 1h **1z** 179,616

2a Tax-exempt interest **2a**
3a Qualified dividends **3a**
4a IRA distributions **4a**
5a Pensions and annuities **5a**
6a Social security benefits **6a**
b Taxable interest **2b**
b Ordinary dividends **3b**
b Taxable amount **4b**
b Taxable amount **5b**
b Taxable amount **6b**

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. **7**
8 Additional income from Schedule 1, line 10 **8**
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **9** 179,616
10 Adjustments to income from Schedule 1, line 26 **10**
11 Subtract line 10 from line 9. This is your **adjusted gross income** **11** 179,616
12 **Standard deduction or itemized deductions** (from Schedule A) **12** 19,427
13 Qualified business income deduction from Form 8995 or Form 8995-A **13**
14 Add lines 12 and 13. **14** 19,427
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **15** 160,189

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	31,845
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	31,845
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	31,845
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	31,845	

Payments	25	Federal income tax withheld from:	25d	33,184
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	33,184
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8883, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	33,184	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,339
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,339
	b	Routing number	c	Type: ☒ Checking ☐ Savings
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe .	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No		
	Designee's name	Phone no.	Personal identification number (PIN)
	HRB TAX GROUP INC	305-940-5281	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check it: ☐ Self-employed
	SIMONE EVELYN		03/29/2024		
	Firm's name	Firm's address	Phone no.	Firm's EIN	
HRB TAX GROUP INC		683 NE 125TH ST		305-891-5660	
NORTH MIAMI FL 33161					

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2023)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment

Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

STACY DARYL GLICK

Your social security no. XXXXXXXXXX

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 179,616 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 13,471 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0 |

Taxes You Paid

- | | | | |
|---|---|----|--------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ | 5a | 1,322 |
| b | State and local real estate taxes (see instructions) | 5b | 12,739 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 14,061 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000 |
| 6 | Other taxes. List type and amount: | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000 |

Interest You Paid

Caution:
Your mortgage interest deduction may be limited. See instructions.

- | | | | |
|----|---|----|-------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 7,652 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | 0 |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Reserved for future use. | 8d | |
| e | Add lines 8a through 8c | 8e | 7,652 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 7,652 |

Gifts to Charity

Caution:
If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|--|----|-------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions (See attached) | 11 | 1,275 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 500 |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 1,775 |

Casualty and Theft Losses

- | | | | |
|----|--|----|---|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | 0 |
|----|--|----|---|

Other

Itemized Deductions

- | | | | |
|----|---|----|--|
| 16 | Other--from list in instructions. List type and amount: | 16 | |
|----|---|----|--|

Total

Itemized

Deductions

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 19,427 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023

IRS e-file Signature Authorization

CLIENT COPY
OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <u>STACY DARYL GLICK</u>	Social security number <u>[REDACTED]</u>
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	179,616
2	Total tax	2	31,845
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	33,184
4	Amount you want refunded to you	4	1,339
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN [REDACTED] as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but
don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ SIGNATURE AND DATE ON FILE

Date ▶ 03-29-2024

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but
don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only — continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED]

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶ 03-29-2024

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2024)

2023 WAGES AND SALARIES SUMMARY ATTACHMENT

STACY DARYL GLICK

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
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STATE OF FL T 179,616 33,184 9,932

Total

179,616 33,184 9,932

2023 FEDERAL TAX WITHHOLDINGS ATTACHMENT

STACY DARYL GLICK
[REDACTED]

W-2

STATE OF FL

33,184

Total to Form 1040/1040-SR line 25d

33,184

2023 STATE AND LOCAL GENERAL SALES TAX DEDUCTION WORKSHEET

(See Schedule A Instructions for line 5a Worksheet)

STACY DARYL GLICK

Keep for Your Records

1a. Available income shown on Form 1040 or 1040-SR, line 8b	1a.	<u>179,616</u>	
b. Tax-exempt interest income	1b.		
c. Nontaxable combat pay	1c.		
d. Nontaxable part of social security and railroad retirement benefits	1d.		
e. Nontaxable part of IRA, pension, or annuity distributions not including rollovers	1e.		
f. Nontaxable unemployment compensation	1f.		
g. Other adjustments to total available income	1g.		
h. Total available income. Add lines 1a through 1g	1h.	<u>179,616</u>	
2. Family size	2.	<u>1</u>	
3. Enter your state general sales taxes from the applicable table in the instructions (see instructions) <u>FL</u>	3.	<u>1,322</u>	
Next. If, for all of 2023, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, Rhode Island, skip lines 4 through 7, enter -0- on line 8 and go to line 9. Otherwise, go to line 4.			
4. Did you live in Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2023?			
● No. Enter -0-. ● Yes. Enter your local general sales taxes from the applicable table in the instructions. (see instructions)	4.	<u>0</u>	
5. Did your locality impose a local general sales tax in 2023 Residents of California and Nevada see instructions.			
● No. Skip lines 5 through 7, enter -0- on line 8, and go to line 9. ● Yes. Enter your local general sales tax rate, but omit percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2023, see instructions. (If you do not know your local general sales tax rate, contact your local government	5.	<u>0.000</u>	
6. Did you enter -0- on line 4 above?			
● No. Skip lines 6 and 7 and go to line 8. ● Yes. Enter your state general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0	6.	<u>6.000</u>	
7. Divide line 5 by line 6. Enter the result as a decimal (rounded to at least three places)	7.		
8. Did you enter -0- on line 4 above?			
● No. Multiply line 4 by line 5. ● Yes. Multiply line 3 by line 7. If you lived in more than one locality in the same state during 2023, see instructions above.	8.	<u>0</u>	
9. Enter your state and local general sales taxes paid on specified items, if any (see instructions)	9.		
10. Deduction for general sales taxes. Add lines 3, 8, and 9. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check box b on that line	10.	<u>1,322</u>	

STATE AND LOCAL TAX SUMMARY

1. Total state and local income taxes	1.	<u>0</u>
2. General sales taxes (as entered or from all worksheets)	2.	<u>1,322</u>
3. Deduction taken (larger of lines 1 or 2) on Schedule A (Form 1040 or 1040-SR), line 5	3.	<u>1,322</u>

2023 NOTES

STACY DARYL GLICK

Note - 1/25/2016 5:29:32 PM

THIS INFORMATION IS FOR THE ACCOUNT NUMBER [REDACTED] ROUTING NUMBER [REDACTED]

2023 NOTES

STACY DARYL GLICK

Note - 2/15/2018 2:41:38 PM

DIDNOTGIVEGIFTSBYCASHORCHECKTOCARDINALSMCCLOSKEYCOMMUNITYSERVICESNATIONAL
FIBROMYALGIAASSOCIATIONMIAMIANIAMLSRESCUES

2024 CARRYFORWARD INFORMATION

STACY DARYL GLICK

Keep for Your Records

Itemized Returns Only - 2023 state and local tax refund (this amount may not be taxable in 2024)	
Charitable contributions carryover to 2024	
Estimated short-term capital loss carryover	
Estimated long-term capital loss carryover	
2023 tax liability (for 2024 Form 2210 purposes)	31,845
Form 8839: 2022 carryover of unqualified expenses	
Refund amount applied to 2024	
Disallowed investment interest in 2023	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2021	
Mortgage interest credit from 2022	
Mortgage interest credit from 2023	
Form 8801: Minimum tax credit carryforward	0
Potential 2024 IRA contribution from 2023 tax refund	

NOL carryforward:		Regular Tax	AMT Tax
from 2003	from 2013	from 2003	from 2013
from 2004	from 2014	from 2004	from 2014
from 2005	from 2015	from 2005	from 2015
from 2006	from 2016	from 2006	from 2016
from 2007	from 2017	from 2007	from 2017
from 2008	from 2018	from 2008	from 2018
from 2009	from 2019	from 2009	from 2019
from 2010	from 2020	from 2010	from 2020
from 2011	from 2021	from 2011	from 2021
from 2012	from 2022	from 2012	from 2022
Gross NOL generated in 2023		Gross AMT NOL generated in 2023	
To be absorbed in carryback period		To be absorbed in carryback period	
Net carryforward from 2023		Net carryforward from 2023	
Total carryforward to 2024		Total carryforward to 2024	

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2024
- General Business Credit carryforward to 2024
- First-Time Homebuyer Credit Repayment carryforward to 2024
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2024.

Supporting Schedules

2023

Name : STACY DARYL GLICK

SSN : [REDACTED]

Schedule A

Line 5b - Real Estate Taxes

Description	Amount
[REDACTED]	12,739
Total	12,739

Supporting Schedules

2023

Name : STACY DARYL GLICK

SSN : [REDACTED]

Schedule A

Line 11 - Gifts by Cash or Check

Description	Amount
IN THE ROOMS INC	150
THE PINO FAMILY	125
VARIOUS CONTRIBUTION	1,000
Total	1,275

Supporting Schedules

2023

Name : STACY DARYL GLICK

SSN : [REDACTED]

Schedule A

Line 12 - Gifts by Other Than Cash or Check

Description	Amount
GOODWILL	500
Total	500

Supporting Schedules

Schedule A Line 8a - Home Mortgage Interest and Points reported on Form 1098

Name : STACY DARYL GLICK

SSN : [REDACTED]

NAME : JP MORGAN

SSN/EIN : SSN: [REDACTED]

7,652

Total

7,652

Schedule A - Itemized Deductions - InterestFrom1098Mortgage

Description	Owner	State	Amount
-------------	-------	-------	--------

Schedule A - Itemized Deductions - InterestFrom1098Mortgage

Description	Owner	State	Amount
-------------	-------	-------	--------

JPMORGANCHASEBANK	Taxpayer		0
-------------------	----------	--	---

EXECUTIVENATIONALBANK	Taxpayer		0
-----------------------	----------	--	---

Total			0
-------	--	--	---