

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 10/29/2024

General Information

Name: Hon Lisa M Porter

CONFIDENTIAL

PID 20168

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 09/30/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Senior Judges	Consent to be Assigned	Senior / Retired Judge

Net Worth

My Net Worth as of September 30, 2024 was \$ 2,851,480.00.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 867,600.00
{REDACTED}	\$ 547,400.00
Bank of America Checking Account	\$ 57,603.00
Bank of America Savings Account	\$ 16,624.00
CIT Savings Account	\$ 18,598.00
Vanguard Brokerage Account	\$ 534,907.00
VOYA 457	\$ 761,055.00
VOYA Roth	\$ 74,060.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Meredith Village Savings Bank	24 NH Route 25 Meredith, NH 03253	\$ 232,167.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Florida Division of Retirement	P.O. Box 9000, Tallahassee, FL 32315	\$ 117,623.00

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

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.

Lisa M Porter

Digitally signed: **10/29/2024**

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