

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

Filed with COE: 11/26/2024

General Information

Name: Hon Carolyn B Freeman

CONFIDENTIAL

PID 22017

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 \$ 692,909.80.

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 \$ 21,250.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Private Residence, {REDACTED}	\$ 595,000.00
Nationwide-State of FL. Deferred Comp	\$ 215,576.43
Annuity-MML Investors Services	\$ 200,000.00
2019 Buick Enclave	\$ 18,000.00
2013 Chevy Suburban	\$ 21,000.00
Money Market acct. PNC	\$ 20,428.18
Checking acct. PNC	\$ 8,224.56
Checking acct. PNC	\$ 10,449.10

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PNC	P. O. Box 6534, Carol Stream, IL 60197-6534	\$ 316,894.41
PNC	P.O. Box 6534, Carol Stream, IL 60197-6534	\$ 29,177.53
Addition Financial	P.O.Box 958471, Lake Mary, FL 32792	\$ 12,592.34
Ally	P.O.Box 71119, Charlotte, N.C.28272-1119	\$ 20,021.23
Greensky	P.O.Box 2730, Alpharetta, GA. 30023-2730	\$ 30,922.93

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
Fla. Retirement System, Div. of Retirement	P.O.Box 9000 Tallahassee, FL 32315-9000	\$ 92,000.00
Social Security Benefits	P.O.Box 67620 Wilkes-Barre, PA 18767-7620	\$ 28,887.30

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.

Carolyn B Freeman

Digitally signed: 11/26/2024

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