

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

Filed with COE: 11/25/2024

General Information

Name: Hon Alan A. Dickey (Ret)

CONFIDENTIAL

PID 14810

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 \$ 3,248,956.00.

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 \$ 338,900.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2015 Lexus	\$ 20,000.00
Home {REDACTED}	\$ 363,466.00
Edward Jones Brokerage Acct	\$ 1,206,752.00
T. Rowe Price Funds Acct	\$ 375,200.00
Edward D. Jones & Co Retirement Acct	\$ 702,912.00
Federated Kaufmann Fund Roth IRA	\$ 38,808.00
Wells Fargo Bank Acct	\$ 17,402.00
Sentry Life Insurance Policy	\$ 12,080.00
Southgate	\$ 263,464.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

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
State of Florida	Chief Financial Officer, 200 E. Gaines St. Tallahassee	\$ 125,000.00

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.

Alan A. Dickey (Ret)

Digitally signed: 11/25/2024

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