

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 03/28/2025

General Information

Name: Hon A Kathleen McNeilly

CONFIDENTIAL

PID 266199

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (7Th)	Elected Constitutional Officer	

Net Worth

My Net Worth as of March 28, 2025 was \$ 5,394,577.85.

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 \$ 35,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
MUTUAL FUNDS - FIDELITY	\$ 834,263.25
MUTUAL FUNDS - T. ROWE PRICE	\$ 1,267,142.61
MUTUAL FUNDS - VANGUARD	\$ 1,660,807.47
ANNUITY - VANGUARD now serviced by TRANSAMERICA	\$ 654,649.03
FLORIDA STATE PENSION PERSONAL CONTRIBUTION	\$ 42,048.26
FLORIDA STATE 457b plan ROTH OPTION	\$ 284,390.15
TRUIST accounts total	\$ 104,263.43
WELLS FARGO accounts total	\$ 31,405.82
TD account total	\$ 30,607.83
PRIMARY RESIDENCE	\$ 250,000.00
SECONDARY RESIDENCE	\$ 200,000.00
AUTOMOBILE 2020 CHRYSLER 300 LX	\$ 20,000.00
HOME(S) CONTENTS	\$ 15,000.00
See Attached	

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

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 2024 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 2024 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
CIRCUIT JUDGE SALARY see attached	STATE OF FLORIDA	\$ 196,898.00
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
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.

A Kathleen McNeilly

Digitally signed: **03/28/2025**

Filed with COE: **03/28/2025**

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, ending _____

See separate instructions.

Your first name and middle initial _____ Last name _____
A. Kathleen McNeilly

Your social security number _____

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. _____ Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____

Foreign country name _____ Foreign province/state/country _____ 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 ☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, 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, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ 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 instructions):	
				Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

1 a Total amount from Form(s) W-2, box 1 (see instructions) 1a 156,889.

b Household employee wages not reported on Form(s) W-2 1b

c Tip income not reported on line 1a (see instructions) 1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

e Taxable dependent care benefits from Form 2441, line 26 1e

f Employer-provided adoption benefits from Form 8839, line 29 1f

g Wages from Form 8919, line 6 1g

h Other earned income (see instructions) 1h

i Nontaxable combat pay election (see instructions) 1i

z Add lines 1a through 1h 1z 156,889.

2 a Tax-exempt interest 2a

b Taxable interest 2b 5,780.

3 a Qualified dividends 3a 16,021.

b Ordinary dividends 3b 34,156.

4 a IRA distributions 4a 8,013.

b Taxable amount 4b 13.

5 a Pensions and annuities 5a

b Taxable amount 5b 275,945.

6 a Social security benefits 6a

b Taxable amount 6b

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☒ 7 134,900.

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** 9 607,683.

10 Adjustments to income from Schedule 1, line 26 10

11 Subtract line 10 from line 9. This is your **adjusted gross income** 11 607,683.

12 **Standard deduction or itemized deductions** (from Schedule A) 12 14,600.

13 Qualified business income deduction from Form 8995 or Form 8995-A 13 17.

14 Add lines 12 and 13 14 14,617.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** 15 593,066.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Attach Sch. B if required.

Standard Deduction for —

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814	16	151,472.
2	☐ 4972 3 ☐	17	
17	Amount from Schedule 2, line 3.	18	151,472.
18	Add lines 16 and 17.	19	
19	Child tax credit or credit for other dependents from Schedule 8812.	20	
20	Amount from Schedule 3, line 8.	21	0.
21	Add lines 19 and 20.	22	151,472.
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	6,644.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.	24	158,116.
24	Add lines 22 and 23. This is your total tax .		

Payments

25	Federal income tax withheld from:	25a	28,224.
a	Form(s) W-2.	25b	
b	Form(s) 1099.	25c	
c	Other forms (see instructions).	25d	28,224.
d	Add lines 25a through 25c.	26	19,600.
26	2024 estimated tax payments and amount applied from 2023 return.	27	
27	Earned income credit (EIC).	28	
28	Additional child tax credit from Schedule 8812.	29	
29	American opportunity credit from Form 8863, line 8.	30	
30	Reserved for future use.	31	
31	Amount from Schedule 3, line 15.	32	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits .	33	47,824.
33	Add lines 25d, 26, and 32. These are your total payments .		

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ☐	35a	
b	Routing number.	c	Type: ☐ Checking ☐ Savings
d	Account number.		
36	Amount of line 34 you want applied to your 2025 estimated tax .	36	

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	110,299.
38	Estimated tax penalty (see instructions).	38	7.

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 **John A. Shelley** Phone no. **386-322-3787** Personal identification number (PIN) **[REDACTED]**

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.)
John A. Shelley		Judge	
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. (386) [REDACTED]	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
John A. Shelley			P00129604	
Firm's name	Firm's address		Phone no.	Firm's EIN
SHELLEY & SHELLEY CPA PA	1515 Herbert St, Ste 213 Port Orange, FL 32129		386-322-3787	48-1290481

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

Form 1040 (2024)

