

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

RECEIVED 2019

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

2020 APR 20 PM 12:03

LAST NAME — FIRST NAME — MIDDLE NAME:

Inman Renee Lynn

MAILING ADDRESS:

P.O. Box 3000

CITY :

Bradenton, FL

ZIP :

34209

COUNTY :

Manatee

NAME OF AGENCY :

Judicial Branch -- Twelfth Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of March 31, 2020 was \$ 261,792.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 42,300

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET :
Personal residence -- Parrish, FL	\$403,000
529 College Savings Plan #1 (TRowe Price)	\$26,679
529 College Savings Plan #2 (TRowe Price)	\$19,170
See attached page for additional assets	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Freedom Mortgage, 907 Pleasant Valley Ave., Suite 3, Mt. Laurel, NJ	\$245,000
Bank of America, P.O. Box 45224, Jacksonville, FL 32232 (09 Acura MDX)	\$8,800
AES Graduate Services, P.O. Box 2461, Harrisburg, PA 17105-2461	\$38,800

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- 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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	200 E. Gaines St., Tallahassee, FL	\$151,821.96
See attached page		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 SUPERVISOR OF ELECTIONS

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.



CHARIS D. HILD
 Commission # GG 116788
 Expires October 20, 2021
 Bonded Third Budget Notary Services

STATE OF FLORIDA
 COUNTY OF Monroe
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 2nd day of

April 2020 by Renee Inman
Charis Hild
 (Signature of Notary Public--State of Florida)

Charis Hild

(Print, Type, or Stamp Commissioned Name of Notary Public)

Renee Inman
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE *li*

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MANATEE COUNTY
SUPERVISOR OF ELECTIONS

PART B – Assets, Continued

Description of Asset	Value of Asset
Nationwide Deferred Compensation	\$12,294
Suntrust (Savings)	\$23,348
Suntrust (Checking)	\$5,881
2005 Acura MDX	\$1,900
2009 Acura MDX	\$7,000
½ Remainder Interest in 610 Stevens St., Unit G, Lowell, MA	\$0
Florida Prepaid College Plan #1	\$7,901
Florida Prepaid College Plan #2	\$8,919
Florida Retirement System Pension	Current Value Unknown

PART D – Income, Continued

Name of Source of Income	Address of Source of Income	Amount
Anna Maria Island Concert Chorus and Orchestra	P.O. Box 1213, Holmes Beach, FL 34218	\$1,040
Venice Symphony	1515 S. Tamiami Tr., #7, Venice, FL 34285	\$4,165