

Hand Delivered

2025 Form 6 - Full and Public Disclosure of Financial Interests

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Filed with COE: 04/03/2026

2026 APR -9 AM 11:39

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

General Information

Name: Hon Timothy T McCourt

CONFIDENTIAL

PID 215039

AGENCY INFORMATION

| Organization           | Suborganization                | Title |
|------------------------|--------------------------------|-------|
| Judicial Circuit (5Th) | Elected Constitutional Officer |       |

CANDIDATE FOR

| Position      | Agency Name                               | Position sought or held                    |
|---------------|-------------------------------------------|--------------------------------------------|
| Circuit Judge | 5th Judicial Circuit, Circuit Court Judge | 5th Judicial Circuit, Group Seventeen (17) |

Net Worth

My Net Worth as of December 31, 2025 was \$ 412,970.01.

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## 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.

The aggregate value of my household goods and personal effect is \$ 109,500.00.

### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                                     | Value of Asset |
|--------------------------------------------------------------------------|----------------|
| Primary Residence [REDACTED]<br>Please redact)                           | \$ 575,000.00  |
| One-half future interest in equity of residence [REDACTED]<br>[REDACTED] | \$ 154,000.00  |
| Bank Account (Wells Fargo)                                               | \$ 49,985.22   |
| Prepaid College Fund - State of Florida (Child 1)                        | \$ 12,807.90   |
| Prepaid College Fund (Child 1) (Enrollment Year Portfolio)               | \$ 6,463.55    |
| Prepaid College Fund - State of Florida (Child 2)                        | \$ 12,424.62   |
| Prepaid College Fund (Child 2) (Enrollment Year Portfolio)               | \$ 4,379.24    |
| Nationwide 457(b)                                                        | \$ 1,239.66    |

## Liabilities

### LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor             | Address of Creditor                                  | Amount of Liability |
|------------------------------|------------------------------------------------------|---------------------|
| Truist Financial Corporation | 214 N. Tryon St, Charlotte NC 28202                  | \$ 497,409.11       |
| Enerbank USA                 | 650 S. Main St, Suite 1000, Salt Lake City, UT 84101 | \$ 13,590.24        |

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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### 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 2025 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 2025 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        |
|--------------------------------------------|----------------------------------------|---------------|
| State of Florida                           | 200 E Gaines St, Tallahassee, FL 32399 | \$ 198,867.06 |

#### 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.

***Timothy T McCourt***

Digitally signed: 04/03/2026

Filed with COE: 04/03/2026

**Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers  
of Fees and Charges**

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Timothy McCourt Work Telephone: [REDACTED]

Work Address: 110 NW 1st Ave, Ocala, FL 34475 Judicial Office Held: Circuit Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

| DATE | DESCRIPTION | SOURCE | AMOUNT |
|------|-------------|--------|--------|
| N/A  |             |        | \$     |
|      |             |        | \$     |
|      |             |        | \$     |
|      |             |        | \$     |

☐ Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

| DATE | DESCRIPTION<br>(Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived) | SOURCE |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| N/A  |                                                                                                                                                 |        |
|      |                                                                                                                                                 |        |
|      |                                                                                                                                                 |        |
|      |                                                                                                                                                 |        |

☐ Check here if continued on separate sheet

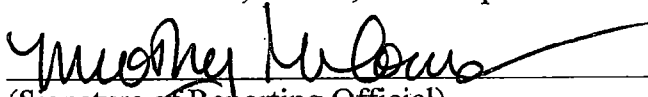
**CONTINUE TO PAGE 2 FOR OATH**

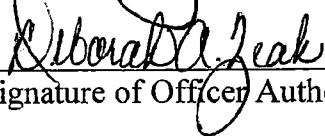
**OATH**

State of Florida

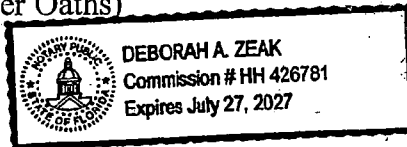
County of Marion

I, Timothy McCourt, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

  
(Signature of Reporting Official)

  
(Signature of Officer Authorized to Administer Oaths)

My Commission expires 07-27-27



Sworn to and subscribed before me this

6th day of April, 202026

**Print Form**

**Reset Form**

**Form 6B. Report of Business Interests**

**Instructions:** List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then indicate "None," or "N/A." Attach additional pages as necessary. This form is filed only with the JQC.

Name of Judge: Timothy McCourt Telephone: [REDACTED]

Address: 110 NW 1<sup>st</sup> Ave, Ocala FL 34475 Position: Circuit Judge

**Name of Business Entity**

None

I certify that the foregoing information is complete, true, and correct.

*Timothy McCourt*  
JUDGE'S SIGNATURE

**OATH**

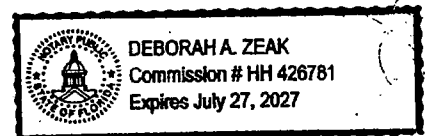
State of Florida,  
County of MARION.

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 6<sup>TH</sup> day of APRIL,

2026, by Timothy McCourt (Name of Judge).

*Deborah A. Zeak*  
(Signature of Notary)



Personally Known X, or Produced Identification \_\_\_\_\_.

Identification Produced: \_\_\_\_\_.

**Jon M. Philipson****Chair****Joseph Oglesby****Vice Chair****Paul D. Bain****Michael H. Hellman****Laird A. Lile****Jeremy M. Rodgers****Abbey L. Stewart****Linda Stewart****State of Florida****COMMISSION ON ETHICS****P.O. Drawer 15709****Tallahassee, Florida 32317-  
5709****Kerrie J. Stillman****Executive Director****Steven J. Zuilkowski****Deputy Executive Director/****General Counsel****(850) 488-7864 Phone****(850) 488-3077 (FAX)****www.ethics.state.fl.us****325 John Knox Road  
Building E, Suite 200  
Tallahassee, Florida 32303*****"A Public Office is a Public  
Trust"*****RECEIVED  
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DIVISION OF ELECTIONS  
TALLAHASSEE, FL****VERIFICATION AND RECEIPT OF SUBMISSION  
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

**Filer Name: Hon Timothy T McCourt****Filer PID #: 215039****Date Filed: 4/3/2026****Disclosure Received: 2025 Full and Public Disclosure of Financial Interests****Filing ID: 1061884****Receipt Print Date: 4/3/2026**

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.