CANDIDATE OATH JUDICIAL OFFICE

Check box only if you are seeking to qualify as

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APR 0 8 2024



a write-in candidate:	DUVAL COUNTY ELEC.	
☐ Write-in candidate		OFFICE USE ONLY
Cand	idate Oath	
Name to appear on ballot: Kelly E. Eckley-Moulder		
Check box if two last names without hy		qualifying.)
Check box if name includes nickname. (For use of a ni	ckname, you must complete the Nickname Af	fidavit on reverse side.)
I swear or affirm that I am a candidate for the judicial office of $\stackrel{ extbf{C}}{ extbf{C}}$	ounty Judge	,,
	(Onice)	(District #)
4th; my legal residence (Group or Seat #)	is Duvai	County, Florida;
I am a qualified elector of the state and of the territorial juri the constitution and laws of Florida to hold the judicial office I have qualified for no other public office in the state, the te I seek; I have resigned from any office which I am required the Constitution of the United States and the Constitution of	sdiction of the court to which I seek ele to which I desire to be elected or in wh rm of which office or any part thereof ru to resign pursuant to s. 99.012, Florida	nich I desire to be retained; uns concurrent to the office
Section 876.05, Florida Statutes (only applicable if electrological and of the United States of America, and being emplayed as such employee or officer, do hereby solemnly sweater of the State of Florida.	ployed by or an officer of the court syste	em and a recipient of public
Statement of Outstand	ing Fines, Fees, or Penalties	
I owe outstanding fines, fees, or penalties, that cumulatively exce	eed \$250, for ethics or campaign finance vic	olations (s. 105.031(4) F.S.).
	NO, I Do Not X	
		a aida
If you do, you must also specify the amount owed and each	entity that levied the same on the revers	e side.
Signature of Candidate Telephone Number	per Em	ail Address
Address of Legal Residence City	State	ZIP Code
STATE OF FLORIDA	-(1.1 1 k)	11
COUNTY OF	Signature of Notary Public	lly
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned I	Name of Notary Public below:
online notarization OR physical presence this day of Hori , 2024. Personally Known OR Produced Identification Type of Identification Produced:	DEBRA A. KELLEY Commission # HH 4102 Expires June 13, 2027	94

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DUVAL COUNTY ELEC.

Kelly E. Eckley Mouldor Campaign Aca	outt
Soven Thousand Two Lleindred Thren	ty-for and 100 DOLLARS 1 Back.
FOR FOR qualifying	Kerry Edder Moulden

General In	formation				
Name:	Kelly Elizabeth Eckle	ey-Moulder	CONFIDENTIAL		
Address:					
County:	Duval				
AGENCY INFO	ORMATION				
Organization		Suborganization	Title		
Judicial Circuit	: (4 Th)	Elected Constitutional Officer	County Judge		
CANDIDATE I	FOR				
Position		Agency Name	Position sought or held		
County Judge	The state of the control of the cont	4th Judicial Circuit	Duval County Court Judge		

Net Worth

My Net Worth as of <u>December 31, 2023</u> was <u>\$ 733,722.80</u>.

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 \$ 118,550.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 860,000.00
Bank Accounts (VyStar Credit Union)	\$ 32,096.85
FRS Investment Plan- see attached	\$ 59,140.19
Florida Deferred Compensation- T Rowe Price Retirement 2040 Trust T	\$ 38,958.08
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
VyStar Credit Union (Mortgage)	76 S. Laura St. Jacksonville, FL 32202	\$ 343,215.10
Acura Financial Services (Car Loan)	P.O. Box 7829 Philadelphia, PA 19101-7829	\$ 11,342.20

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

N/A	Liability	Amount of Liab			r	Address of Creditor	<u> </u>	Name of Creditor
								N/A

Income					
income. Or attach a complete Please redact any social secur posted to the Commission's v	e copy of your 20: rity or account nu vebsite.	23 federal incon mbers before at	ceeded \$1,000 during the year me tax return, including all W2s ttaching your returns, as the la and all W2s, schedules, and att	s, schedules, a w requires th	and attachments.
PRIMARY SOURCES OF INCOM	E:				
Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of Income		Amount
State of Florida		200 E. Gaines	Street Tallahassee, FL 32399		\$ 180,616.00
Name of Business Entity N/A	Business' Inc	ome	Address of Source	Activity	of Source
Interests in Specified	Businesses				
Business Entity # 1				20000	

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.

Kelly Elizabeth Eckley-Moulder

Digitally signed: 03/18/2024

Filed with COE: 03/18/2024

