CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

2024 JUN 10 PH12:01

OFFICE USE ONLY **Candidate Oath** Name to appear on ballot: Check box if two last names without hyphen. (Name cannot be changed after qualifying.) Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.) I swear or affirm that I am a candidate for the office of Santa Rosa ; I am a qualified elector of (Circuit #) I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. Statement of Party I swear or affirm that I am a member of the Kepublican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political Statement of Outstanding Fines, Fees, or Penalties I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.). YES, I Do NO. I Do Not \ If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. STATE OF FLORIDA COUNTY OF SAN Signature of Notary Public Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

A MCGO

WH 087499

Oblic Under Commissioned Name of Notary Public below:

Rule 1S-2.0001, F.A.C. Sworn to (or affirmed) and subscribed before me by freeans of online notarization physical presence Personally Known Produced Identification Type of Identification Produced Rule 1S-2.0001, F.A.C. DS-DE 301A (Eff. 10/2023)

Affidavit of Nickname (Only required if using nickname for the ballot.) My legal name is	Phonetic Spelling of Name
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106. Amount Affidavit of Nickname (Only required if using nickname for the ballot.) Entity Affidavit of Nickname (Only required if using nickname for the ballot.) My legal name is	wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):
Affidavit of Nickname (Only required if using nickname for the ballot.) Affidavit of Nickname (Only required if using nickname for the ballot.) Affidavit of Nickname (Only required if using nickname for the ballot.) Amount Affidavit of Nickname (Only required if using nickname for the ballot.) Amount I am over the age of eighteen (18) and the contents of this affidavit are true and correct. My nickname is I am generally known by this nickname or have used it as part of my legal name. I have net created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.	Statement of Outstanding Fines, Fees or Penalties
Affidavit of Nickname (Only required if using nickname for the ballot.) My legal name is	candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.
My legal name is	Amount Entity
My legal name is	
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	Signature of Candidate: Signat
COUNTY OF Santa Rosa Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	COUNTY OF Santa Rosa Signature of Notary Public Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means	Sworn to (or affirmed) and subscribed before me by means
A The color of the	of online notarization OR physical presence W
	this 3184 day of 12024.
##1007400	#H-1087499
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DS-DE 301A (Eff. 10/2023) Rule 1S-2.0001, F.A.C.	DS-DE 301A (Eff. 10/2023) Rule 1S-2.0001, F.A.C.

General Information

Name:

Ginger Lea Pace

Address:

7743 Rube Pace Road, Milton, FL 32583

County:

Santa Rosa

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Clerk of the Courts and Comptroller

Santa Rosa County Clerk of Court and

Comptroller

Santa Rosa County Clerk of Court and

Comptroller

Net Worth

My Net Worth as of May 26, 2024 was \$ 778,878.45.

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 \$94,925.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
7743 Rube Pace Road, Milton, FL 32583	\$ 325,000.00
4241 Pat Lane, Milton, FL 32583	\$ 160,000.00
4275 Pat Lane, Milton, FL 32583	\$ 20,000.00
1 Acre adjoining 9960 Paws Road, Milton, FL 32570	\$ 10,000.00
3 Acres adjoining 9985 Paws Road, Milton, FL 32570	\$ 30,000.00
9985 Paws Road, Milton, FL 32570	\$ 70,000.00
1836 Monk Crain Road, Milton, FL 32570	\$ 150,000.00
Bank Accounts (Santa Rosa County Federal Credit Union)	\$ 14,577.32
Campaign Loans	\$ 15,025.00
FRS 2030 Retirement Fund	\$ 17,845.15

Business' Income

Liabilities LIABILITIES IN EXCESS OF \$1,000: **Address of Creditor Amount of Liability** Name of Creditor Santa Rosa County Federal \$ 82,928.89 5909 North Stewart Street, Milton, FL 32570 Credit Union NelNet Inc 121 South 13th Street, Lincoln, NE 68508 \$ 13,826.53 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 2023 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 2023 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 6495 Caroline St., Milton, FL 32570 \$ 63,174.80 Santa Rosa County Clerk of Court SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person): Name of Major Sources of **Principal Business**

Address of Source

Name of Business Entity

N/A

Activity of Source

Interests in Specified Businesses	
Business Entity # 1	

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.

Ginger Lea Pace

Digitally signed: 05/26/2024