

FORM 6

FULL AND PUBLIC DISCLOSURE

SUPERVISOR OF ELECTIONS

2013

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

OF FINANCIAL INTEREST

6495 CAROLINE ST. STE. F
MILTON, FL 32570

OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Esser Ruth Dupont

2014 JUN 20 AM 10 16

MAILING ADDRESS:

4371 Marilyn ct

CITY:

Gulf Breeze

ZIP:

Fl

COUNTY:

Santa Rosa

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 June 20th, 20 14 was \$ 193,000⁰⁰

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.

The aggregate value of my household goods and personal effects (described above) is \$ ~~10,000~~ 10,000⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vehicle (Lexus)	10,000 ⁰⁰
Furniture	20,000 ⁰⁰
Home (4371 Marilyn ct GB 32563)	170,000 ⁰⁰
Land (3773 Hwy 87 S NW 32566)	155,000 ⁰⁰

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home (4371 Marilyn ct GB 32563)	120,000 ⁰⁰
Land (3773 Hwy 87 S. NW 32566)	52,000 ⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D - INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

2014 JUN 20 AM 10 16

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Baptist Hospital	1000 E Moreno St Pensacola	55,000 ⁰⁰ yr.

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
Principle Properties Inc	Real Estate	4371 Marilyn Ct. GB 32563	Real Estate

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Principle Properties Inc		
ADDRESS OF BUSINESS ENTITY	4371 Marilyn Ct. GB 32563		
PRINCIPAL BUSINESS ACTIVITY	Real Estate		
POSITION HELD WITH ENTITY	President/owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	owner		

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

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.

STATE OF FLORIDA
COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 20th day of June, 20 14 by Ruth Dupont Esser

Michelle Peeterse
(Signature of Notary Public—State of Florida)

MICHELLE R PEETERSE
(Print, Last, First, Middle Initial, Surname of Notary Public)
NOTARY PUBLIC
STATE OF FLORIDA
Personal Seal Produced Identification
Comm # FF044588
Expires 8/11/2017
Type of Identification Produced DL

Ruth Dupont Esser
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.