General Information

Name: Hon Pam Lynn Childers CPA

Address: 2405 Hallmark Dr, Pensacola, FL 32503 PID 244325

County: Escambia

AGENCY INFORMATION

Organization Suborganization Title

Escambia County Elected Constitutional Officer

Escambia County Elected Constitutional Officer Clerk of the Court

Net Worth

My Net Worth as of <u>December 31, 2022</u> was \$ 4,625,246.00.

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 \$342,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2405 Hallmark Drive	\$ 650,000.00
1100 Ft. Pickens Road	\$ 620,000.00
3655 Bayou Blvd	\$ 292,900.00
2280 Cedar St Williams, AZ	\$ 94,400.00
407 Kenilworth St, LA	\$ 340,000.00
Nationwide 457	\$ 549,557.00
Nationwide 457	\$ 127,166.00
PGFCU Savings	\$ 107,000.00
Merrill Lynch	\$ 1,502,223.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PGFCU	108 S. Reus Street, Pcola, FL	\$ 28,800.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

III.COIII.C						
Identify each separate source an income.	d amount of in	come which exc	ceeded \$1,000 during the year,	including secondary sources of		
I elect to file a copy of my 20	22 federal inco	ome tax return a	nd all W2s, schedules, and atta	chments.		
PRIMARY SOURCES OF INCOME:						
Name of Source of Income Exce	Name of Source of Income Exceeding \$1,000		urce of Income	Amount		
State of Florida		Tallahassee, Fl	Tallahassee, FL			
City of Pensacola		180 Governme	ental Ctr	\$ 46,210.00		
SECONDARY SOURCES OF INCOM	E (Major custo	mers, clients, et	c. of businesses owned by repo	rting person):		
Business Entity	Major Source Business Inco		Address	Principal Business Activity of Source		
N/A						
Interests in Specified Bu	usinesses					
Business Entity # 1						
N/A						

Training
☑ I certify that I have completed the required training under Section 112.3142, F.S.
Required training under Section 112.3142, F.S., not applicable to filer 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.

Pam Lynn Childers

Digitally signed: **06/13/2023**

Filed with COE: 06/13/2023