

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/29/2025

General Information

Name: Mr Bill Partington

CONFIDENTIAL

PID 83915

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative
Public Defender; 7Th Circuit	Employees	Assistant Public Defender

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	Florida House	Representative

Net Worth

My Net Worth as of December 31, 2024 was \$ 147,576.47.

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 \$ 3,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary residence (home)	\$ 380,000.00
Bank Account Fairwinds	\$ 1,600.00
Florida prepaid 529 acct. Merrill Lynch 91 day tbill	\$ 1,892.70
T Rowe Price Overseas Stk 1	\$ 1,923.41
Vanguard totalinternational stock index	\$ 1,332.17
T Rowe Price dividend growth	\$ 1,166.27
T Rowe Price Equity Inc	\$ 1,898.16
T Rowe Price growthstock B	\$ 1,159.21
DodgeCox Inc 1	\$ 1,164.89

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union	1185 W Granada Blvd, Ormond Beach FL 32174	\$ 3,800.39
Space Coast Credit Union	1185 W Granada Blvd, Ormond Beach FL 32174	\$ 9,205.22
Mr. Cooper	PO Box 77423, Ewing, NJ 08628	\$ 220,498.73

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☒ 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.

Bill Partington

Digitally signed: 06/29/2025

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