

## 2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 07/07/2025

### General Information

Name: Ms Sarah Pierce Dalton Esq

PID 309229

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 07/18/2025

### AGENCY INFORMATION

| Organization                         | Suborganization | Title           |
|--------------------------------------|-----------------|-----------------|
| Department of Health -Central Office | Employees       | Senior Attorney |

### Net Worth

My Net Worth as of July 18, 2025 was \$ 3,050.00.

### 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 \$ 1,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| Bank Accounts        | \$ 85,952.50   |
| Car Lease            | \$ 5,212.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor         | Address of Creditor                | Amount of Liability |
|--------------------------|------------------------------------|---------------------|
| Southeast Toyota Finance | 6150 Omni Park Drive, Mobile 36609 | \$ 5,117.22         |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**Income**

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income                 | Amount       |
|--------------------------------------------|---------------------------------------------|--------------|
| salary                                     | 4050 Bald Cypress Way, Tallahassee FL 32399 | \$ 87,550.32 |

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| N/A                     |                                           |                   |                                       |

**Interests in Specified Businesses**

**Business Entity # 1**

N/A

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

***Sarah Pierce Dalton Esq***

Digitally signed: 07/07/2025

Filed with COE: 07/07/2025