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**CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Linda Doggett

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Clerk of the Circuit Court, _____, _____, _____
(office) (district #) (circuit #)

_____ ; I am a qualified elector of Lee County, Florida; I am qualified
(group or seat #)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 111501695

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Linda Doggett

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I have not been a registered member of any other political party 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, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Linda Doggett (239)851-5400 Lindoggett@gmail.com
Signature of Candidate Telephone Number Email Address

PO Box 2551 Fort Myers FL 33902
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 6 day of June, 2016.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public
Print, Type, or Stamp Commission Number of Notary Public
Notary Public - State of Florida
My Comm. Expires Jun 25, 2018
Commission # FF 098525

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Doggett Linda

MAILING ADDRESS:
PO Box 2551

CITY: ZIP: COUNTY:
Fort Myers 33902 Lee

NAME OF AGENCY:
Clerk of the Circuit Court for Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Elected Constitutional Officer, Clerk of Court

CHECK IF THIS IS A FILING BY A CANDIDATE

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 December 31, 20 15 was \$ 1,772,900.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence	148,400
4541 Buckingham Rd, Fort Myers, FL	168,100
Educational Fund Vanguard	11,800
Continued on a separate sheet	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Credit Cards (BankAmericard Visa & CapitalOne MC)	10,000
Gulf Coast Orthodontics	5,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D – INCOME

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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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Lee County Clerk of Circuit Court	1700 Monroe Street, Fort Myers, FL	\$149,281
Rent	4541 Buckingham Rd, Fort Myers, FL	\$11,200

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 Lee

Sworn to (or affirmed) and subscribed before me this 6 day of

June, 2016 by Linda Duggitt
Rita Geehan-Miller
 (Signature of Notary Public--State of Florida)

Linda Duggitt
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)
 RITA GEEHAN-MILLER
 Personally Known Notar Public State of Florida
 My Comm. Expires Jun 25, 2018
 Type of Identification Commission # FF 098525

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.

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

DOGGETT, LINDA - 2015

FORM 6- FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS -- PART B -- ASSETS, CONTINUATION

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Florida Prepaid College	12,700
Checking Account -- Suntrust	164,600
Checking Account & CD -- Bank of America	390,800
Deferred Comp -- VOYA	20,800
Deferred Comp -- Nationwide	440,400
Bonds (Palm Coast FI Util Sys Rev)	20,500
Bonds (Miami FI Spl Oblig Rev Street)	21,500
iShaires (JP Morgan, Barclays, Russ)	54,500
Vanguard funds	65,700
Mutual Funds(AMCAP, Am Bal Fnd, Cap Inc Bldr Fnd, Inc Fnd of Am, Washington Mutual Invs Fd	48,000
Cash (Edwards Jones)	9,500
Annuities (TransAmerica Liberty)	42,500
IRA (Edward Jones)	128,600

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