CANDIDATE OATH -  JUDICIAL OFFICE  Check box only if you are seeking to qualify as a write-in candidate:  Write-in candidate	,194441PH	0 MIIDA2NFFe∈(o⊦i	THAT IS ONLY
	ate Oath		75.
I, Tava Pascotto	1, Florida Statutes)		F
(Print name above as you wish it to appear on the ballo hyphen, check box ☐. (See page 2 - Compound Last Although a write-in candidate's name is not printed on the	nt. If your last name cons Names). No change car	n be made after the e e printed above for oa	end of qualifying. th purposes.)
6 ; my legal residence is	15.7757	(District #) County, Florida; I am a	(Circuit #)
(Group #)	2	Journey, Frontia, Fam a	qualified elector
Laws of Florida to hold the judicial office to which I desire to be no other public office in the state, the term of which office or ar resigned from any office which I am required to resign pursu Constitution of the United States and the Constitution of the States and the Constitution of the States of America, and being employ funds as such employee or officer, do hereby solemnly swear and of the State of Florida.  Candidate's Florida Voter Registration Number (located on you	ny part thereof runs concurant to Section 99.012, Fate of Florida.  In the section section of the section of th	urrent with the office I selected a Statutes; and I fice begins): I, a citize	seek; and I have will support the on of the State of ecipient of public ne United States
odificiate 3 Florida voter Registration Humber (located on yo	ur voter information cara):	11153330	0
Phonetic spelling for audio ballot: Print name phonetically of ballot as may be used by persons with disabilities (see instruction    )	n the line below as you not	wish it to be pronounc [Not applicable to write	eed on the audio e-in candidates.]
PO Box 968 Fr. mys	FL	339	02
Address City (	State	ZIP C	code
STATE OF FLORIDA	Signature of Notary F	mc/wckec	<del></del> _
COUNTY OF LEE	Print, Type, or Stamp Comm	nissioned Name of Notary Pr	ublic below:
Sworn to (or affirmed) and subscribed before me this 6+8 day of April , 20 18 .  Personally Known: or Produced Identification:  Type of Identification Produced:	Commiss Expires J	YNNE MOCKLER sion # GG 081460 July 5, 2021 v Troy Fain Insurance 800-385-7019	

FORM 6	FULL AND PUBLIC DISCLOSUR	E 2017
Please print or type your name, mailing address, agency name, and position below	OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MID	I	 
MAILING ADDRESS:	ARA PASCOTTO	
	919	; · · · · · · · · · · · · · · · · · · ·
P.O. 30x	968	· · · · · · · · · · · · · · · · · · ·
17. M72RS	FL 33902 LEE	1.5 14.
CITY:	ZIP: COUNTY:	V 
	Constitutional Office	
NAME OF AGENCY:	(a) + 1 1 1 a 6 a 8	
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT:	<u></u>
CHECK IF THIS IS A FILING BY A CA	ANDIDATE S	
	PART A NET WORTH	
Please enter the value of your	net worth as of December 31, 2017 or a more current of	late. [Note: Net worth is not cal-
•	orted liabilities from your reported assets, so please se	<u>-</u>
My not worth as of 10	N	40 601 90 T
wy net worth as of 1	nach 30 n., 20 18 was \$ ± 1,2	<u>- 10, 801, 90 .</u>
		,
	PART B ASSETS	
following, if not held for investment	IAL EFFECTS: acts may be reported in a lump sum if their aggregate value exceeds purposes: jewelry; collections of stamps, guns, and numismatic ite id items; and vehicles for personal use, whether owned or leased.	s \$1,000. This category includes any of the ms; art objects; household equipment and
The aggregate value of my househo	old goods and personal effects (described above) is \$	. 000 . 00 E
ASSETS INDIVIDUALLY VALUED AT		1
	SSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Sce E.	shibit A-attached	
	PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES	· • /	AMOUNT OF LIABILITY
Morgage-RDPas	scotto Rev. Trust (Oct. 5 199) 40 norther	- Trust But
7960 Symmer	lin Lakes Dr. Fr. Myex FL 3390	7/65 441-118 337 464.62
Equity Line - Revolving	Credit- Finemark Bank & Trust	
12681 creeksid	Se lane Fr. Mars & 33919/129	30 Kari) -0-
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRES		AMOUNT OF LIABILITY
Mortage-FireMark T	Bull & Trust - 12681 Crecks.de L	œ.
Ft. M. 41 F1 23	3919 (condo mta. for business e	211,246,28
Sanibelle vite 11	-C - business debt not servered /	( et )
CE FORM 6 - Effective January 1, 2018 Incorporated by reference in Rule 34-8.002(1). F	(Continued on reverse side)	PAGE 1

		PART D -	- INCOME			
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 2017 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.						
l elect to file a copy of my 20 [If you check this box and at					D.]	
PRIMARY SOURCES OF INCOME	(See instructions on pa	ge 5):				
NAME OF SOURCE OF INCOME	E EXCEEDING \$1,000		ADDRESS OF SOURCE	CE OF INCOME		AMOUNT
State of FL		FL De	t. Francia	1 Sevice	ر ج	51 822/41
		21)0 &	Gaine	St. Talla	he sie	, , ,
SECONDARY SOURCES OF INCO	ME [Major customers, cli		isinesses owned by rep		- 5 7	on page 51:=
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	SOURCES	ADDR OF SOL	ESS	PRI	NCIPAL BUSINESS
Saniballar, Falla	~1~					
						<u> </u>
PA D'	T E - INTERESTS II	V SDECIFIE	D DIICINECCEC IIa	tructions on no	go 61	i i
IAK	BUSINESS ENTITY:		BUSINESS ENTIT	-	• •	r∺ S ENTITY #3
NAME OF			BOOMEOS ENTIT	1 # 2	DOSINES	(C)
ADDRESS OF	n. bellar. ta	-LC				<u>"T"</u>
BUSINESS ENTITY PRINCIPAL BUSINESS						lene.
ACTIVITY C.	undo rent	<u>ام</u>				<u> </u>
POSITION HELD WITH ENTITY	nember					7
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1.0					
NATURE OF MY OWNERSHIP INTEREST	<del> </del>	ハナン・ナル				
OWNERSHIP INTEREST 172	13 by 2	M1.4.1.1C				CT St
<b>5</b> 6			ΓRAINING			iT
	equired to complete					S. (육 )
	ERTIFY THAT I H	AVE COM	PLETED THE RE	QUIRED IR	AINING.	<u> </u>
OAT	Ή	STATE COUN	OF FLORIDA TY OF	ee_		
I, the person whose name appears	at the	Sworn	o (or affirmed) and sub	scribed before me	this 16	day of
beginning of this form, do depose of	on oath or affirmation	^	مدنا وم	18 by TARA	Dose	O PALJCK.
and say that the information disclos	sed on this form		111		PRSCOL	OTATOCK.
and any attachments hereto is true	, accurate,	(Signat	ure of Netary PublicSt	ate of Florida)		
and complete.		/	1		3	ERYL FUTCH
		(Print,	ype, or Stamp Commis	sioned demand it	taary Public	February 22, 2022
		Person	ally Known	OR Process	d Renderd Dans	otary Public Underwriters
	ATE	Type of	Identification Produced	l		
If a certified public accountant lice	nsed under Chapter 47	3, or attorney	in good standing with	the Florida Bar p	repared this	form for you, he or
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.	s, and the instructions to	o trie iorni. Op	on my reasonable kno	wiedge and belie	er, the disclos	sure nerein is true
			. <u>-</u>			
Signature	OD.				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 TH	ROUGH E ARE CO	NTINUED (	ON A SEPARATE S	HEET, PLEAS	E CHECK	HERE 😡

## Exhibit A

Single Family Residence,

2017 Market Value (Lee County Property Appraiser)+/-	\$1,312,998.00				
IRA – Traditional- Wells Fargo Advisors,					
12140 Commerce Court, Ft. Myers, FL 33966	\$143,695.70				
IRA- Roth – Wells Fargo Advisors,					
12140 Commerce Court, Ft. Myers, FL 33966	\$49,029.01				
Annuity – Wells Fargo Advisors,					
12140 Commerce Court, Ft. Myers, FL 33966	\$5,754.88				
Money Market Checking Account – FineMark National Bank and Trust,					
12681 Creekside Lane, Ft. Myers, FL 33919	\$2,437.27				
Checking Account, Northern Trust,					
7960 Summerlin Lakes Dr., Ft. Myers, FL 33907	\$6,273.47				
Money Market Account- Northern Trust,					
7960 Summerlin Lakes Dr., Ft. Myers, FL 33907	\$5,468.97				
State of FL Deferred Compensation (Nationwide), (4/4/18)					
PO Box 182797, Columbus, OH 43218-2797	\$106,350.08				
Money Market Account- Northern Trust, (POD Ron Paluck)					
7960 Summerlin Lakes Dr., Ft. Myers, FL 33907	\$45,505.73				
Motor Vehicle –+/-	\$11,000.00				
Boat – 2000 Grady White – Seafarer 228 with 2016 Yamaha+/-	\$31,000.00				