

**CANDIDATE OATH -
JUDICIAL OFFICE**

18APR27AM1105 SOE Lee Co FL

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Kelly S. Worcester

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

I am a candidate for the judicial office of Lee County Court Judge, _____, _____, _____
(Office) (District #) (Circuit #)

2 ; my legal residence is Lee County, Florida; I am a qualified elector
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 111340864

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

KEL-lee WOO-ster

X Kelly S Worcester (239) 633-1263 KSWPRM@comcast.net

Signature of Candidate Telephone Number Email Address
1528 Beechwood Trail Fort Myers, FL 33919

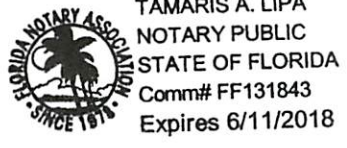
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF LEE

Tamaris A Lipa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 27th
day of APRIL, 2018.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: FL DL



FORM 6	FULL AND PUBLIC DISCLOSURE	2017	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:	
LAST NAME — FIRST NAME — MIDDLE NAME: <i>Worcester Kelly Susan</i>		18APR27AM1106 SDE Lee Co F1	
MAILING ADDRESS: <i>1528 Beechwood Trail</i>			
CITY: <i>Fort Myers</i>	ZIP: <i>33919</i>		COUNTY: <i>Lee</i>
NAME OF AGENCY:			
NAME OF OFFICE OR POSITION HELD OR SOUGHT: <i>County Court Judge Group 2</i>			
CHECK IF THIS IS A FILING BY A CANDIDATE <input checked="" type="checkbox"/>			

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 *April 27*, 20 *18* was \$ *89,000.00*.

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 \$ *25000.00*

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>Home 1528 Beechwood Trail</i>	<i>40,000.00</i>
<i>Cash Suntrust Bank</i>	<i>10,000.00</i>
<i>Deferred Compensation</i>	<i>14,000.00</i>

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Carrington Mortgage Services Columbus, Ohio</i>	<i>168,800</i>
<i>KIA Motors Finance Dallas, Texas</i>	<i>20,000</i>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

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

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Row 1: State Attorney's Office, P.O. Box 399 Fort Myers 33902, 113,455.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. All cells are blank with diagonal lines.

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

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Rows include: 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. All cells are blank with diagonal lines.

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 FLORIDA, LEE

Sworn to (or affirmed) and subscribed before me this 27th day of

APRIL, 2018 by KELLY SUSAN WORCESTER

JAMARIS A. LIPA (Signature of Notary Public - State of Florida) NOTARY PUBLIC

STATE OF FLORIDA (Print, Title, or Other Commissioned Name of Notary Public) Comm # PP131843

Personally Known Expires 6/11/2018 Produced Identification [check]

Type of Identification Produced KL DC

Kelly S Worcester (Signature of Reporting Official or Candidate)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 [check]