

JUDICIAL OFFICE
CANDIDATE OATH

*12APR16PM1251 SOE LEE CO F1

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, TARA PASCOTTO PALUCK
(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 judicial office of LEE COUNTY COURT JUDGE
(office)
8; 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.

X Tara Paluck () n/a tpaluck2012.com@gmail.com
Signature of Candidate Telephone Number Email Address

P.O. Box 968 FORT MYERS, FL 33902
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111535500

* 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):

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 3 day of April, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Katherine A. Wilkinson
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

PALUCK, TARA PASCOTTO

MAILING ADDRESS:

P.O. Box 968

FT. MYERS 33902 LEE

CITY: ZIP: COUNTY:

LEE COUNTY

NAME OF AGENCY:

COUNTY COURT JUDGE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12APR15PM1251 SDE LEE ON FL

2011 PDF Form 6

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 1ST, 2012 was \$ 702,555

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.

The aggregate value of my household goods and personal effects (described above) is \$ 70,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
SINGLE FAMILY RESIDENCE - POINCIANA PARK (TPP TRUST)	\$ 838,257
IRA - (Traditional, WELLS FARGO)	92,495
IRA - (Roth, WELLS FARGO)	26,024
MONEY MARKET ACCT. - (FIREMARK NATIONAL BANK) TRUST	29,257
CHECKING ACCT. - (NORTHEAST TRUST)	22,204
MONEY MARKET ACCT. - (NORTHEAST TRUST)	10,731
ST. OF FL - DEFERRED COMPENSATION - (NATIONWIDE)	7,760
PART C -- LIABILITIES	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE/NOTE - R.D. PASCOTTO REV. TRUST - (Oct. 5, 1999)	394,173
EQUITY LINE - (FIREMARK NATIONAL BANK & TRUST - \$280,000 available)	0
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

PART D – INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 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
STATS OF FLORIDA	DEPT. OF CONTROLLER, Tallahassee, FL	\$134,280/yr

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
n/a			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
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			

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

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 3 day of

April, 2012 by TARA P. PALUCK

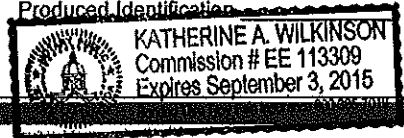
Katherine A. Wilkinson
 (Signature of Notary Public--State of Florida)

Katherine A. Wilkinson
 (Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.