

GAGLIARDI, JOSEPHINE M
P O BOX 2925
FORT MYERS FL 33902

**JUDICIAL OFFICE
CANDIDATE OATH**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, JOSEPHINE M. GAGLIARDI
(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 County Judge, 20th (district #) 20th (circuit #)
6 (group #); my legal residence is Lee County, Florida; I am a qualified elector

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 Josephine Magliardi
Signature of Candidate

(739) NA
Telephone Number

jgagliardi2012@gmail.com
Email Address

P.O. Box 2925 Fort Myers FL 33902
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on _____) 111515750

GAGLIARDI, JOSEPHINE M
P O BOX 2925
FORT MYERS FL 33902

* Please print name phonetically on the line below as you have any physical or mental disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 7th day of April, 2014.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Bernice Ramos Feliciano
Signature of Notary Public

Print Name of Notary Public
Type of Stamp
Commissioned Name of Notary Public
BERNICE RAMOS FELICIANO
Commission # EE 015864
Expires October 19, 2014
Bonded Thru Troy Fain Insurance 800-385-7019



14APR14PM 3 27 50E LEE OF FL

14APR28PM 2 58 50E LEE OF FL

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

OF FINANCIAL INTEREST

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

GAGLIARDI, JOSEPHINE M.

MAILING ADDRESS:

COUNTY JUDGE

P.O. Box 2925

CITY:

Ft. Myers FL

ZIP:

33902

COUNTY:

Lee

NAME OF AGENCY:

TWENTIETH JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE

*14APR28PM 2 58 30E LEE OF F1

*14APR14PM 3 27 30E LEE OF F1

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 14, 2014 was \$ 528,333.75

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 \$ 186,000 +/-

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home Residence, Unlisted, Ft. Myers, FL	151,000 +/-
Condo 2875 Palm Beach Blvd, Ft. Myers, FL	73,700 +/-
Northwestern Mutual Life Ins, \$16,166; Northern Securities (Google Fedv) 70295	234,019 +/-
Iberia Bank \$12,195; Northern Funds \$4213; Nationwide Retirement \$51,566	
Pre Paid College \$ 7760; Edward Jones \$ 21,824; Vehicles (4) \$ 50,000 +/-	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Home Mortgage, P.O. Box 660455, Dallas, TX 72766-0455	33,882 +/-
Sun Coast Schools Credit Union, P.O. Box 11904, Tampa, FL + Visa Suncoast	71,385 +/-
Chase Home Mortgage, P.O. Box 100564, Florence, SC 29502	7,042 +/-
SE. Toyota Finance, P.O. Box 70832, Charlotte, NC 28272	4,077 +/-

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 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
Twentieth Judicial Circuit	State of Florida	137,000

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
NONE			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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

STATE OF FLORIDA
 COUNTY OF LEE

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.

Sworn to (or affirmed) and subscribed before me this 14TH day of

APRIL, 2014 by JOSEPHINE GARIBARDI
Carol A. Walsh
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

Josephine Garibaldi
 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.