

SCANNED

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

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OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Carla Ronco
(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 nonpartisan office of School Board 5
(office) (district #)

Lee County, Florida;
(circuit #) (group or seat #)

I am qualified 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.

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 school board 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 Carla Ronco (239) 229-6336 CarlaFlaLiving@gmail.com
Signature of Candidate Telephone Number Email Address

1400 Duke Hwy Mva FL 33920
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111673192

* 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

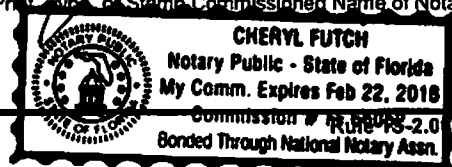
Sworn to (or affirmed) and subscribed before me this 17 day of June, 2014.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FLDL

Cheryl Futch
Signature of Notary Public
Print Name on Stamp, Commissioned Name of Notary Public



FORM 6

FULL AND PUBLIC DISCLOSURE SCANNED 2013

OF FINANCIAL INTEREST

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Ronco Carla Denise

MAILING ADDRESS:

14600 Duke Hwy

CITY: Alva ZIP: 33920 COUNTY: Lee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board District 5

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, 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 December 31, 2013 was \$ 1,662,548.65.

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
14600 Duke Hwy Alva FL 33920	\$300,000
12928 Palm Bch Blvd Ft. Myers, FL 33905	\$300,000
4010 Woodbrier Dr. Ft. Myers, FL 33905	\$120,000
843 Sunrise Blvd Lehigh Acres, FL 33974	\$4,000
5940 Hidden Hammock LaBelle, FL	\$125,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CitiMortgage P.O. Box 1243 Sioux Falls, SD 57117	\$26,957
Wells Fargo P.O. Box 12426 Carol Stream, IL 60197	\$272,177.11
Suncast Schools Federal Credit Union P.O. Box 11829 Tampa, FL 33680	\$162,620.65

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

SCANNED

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):

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Rows include Ambiance Interiors and Florida Living Realty Group.

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. Content is NA.

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Content is NA.

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

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 CARLA RONCO

Sworn to (or affirmed) and subscribed before me this 17 day of June, 2014 by Cheryl Futch

Signature of Notary Public: CHERYL FUTCH, My Comm. Expires Feb 22, 2018, Commission # FF 66052

Personally Known OR Produced Identification X Type of Identification Produced FLDL

Signature of Reporting Official or Candidate: Carla Ronco

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.

