CANDIDATE OATH -CANDIDATE WITH PARTY AFFILIATION

14JUN164H0921 SUE LEE COFT

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				돌 OFFICE USE ONLY				
	OATH OF CANDIDA	TE (Section 99.021, Florida	Statutes)	H0150				
1 Daige Bayesh		(000,000,000,000,000,000,000,000,000,00	- 0.2.0.0,	<u> </u>				
I, Paige Rausch (PLEASE PRINT NAME AS YOU'	WISH IT TO APPEAR ON THE BAI	LOT* - NAME MAY NOT BE C	HANGED AFTER THE END	OF QUALIFYING)				
	a candidate for the office of Lee Commissioner 2							
am a candidate for the office of	(o	(district #)	(circuit #)					
; I am a qualified elector of Lee County, Florida; 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.								
Candidate's Florida Voter Registration Number (located on your voter information card): 11153 4 3 9 9								
* 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):								
Paige Rausch								
STATEMENT OF PARTY (Section 99.021, Florida Statutes)								
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.								
X/all am	(239) 69)1-4321 paige	rausch@earthlir	k.net				
Signature of Candida	te Telephone	Number	Email Ad	dress				
1580 Olmeda Way	Fort Myers	FL		33901				
Address	City	State		ZIP Code				
STATE OF FLORIDA		· · · <u>· · · · ·</u>						
county of <u>Lee</u>								
Sworn to (or affirmed) and subscribed before me this 16 day of 50 Ne 2014.								
Personally Known: or								
Produced Identification:		_	re of Notary Public pe, or Stamp Commission	oned Name of Notary Public				
Type of Identification Produced:	DL	" " " " " " " " " " " " " " " " " " "	CHERYL FUTCH					
			Notary Public - State of My Comm. Expires Feb 2	Florida 12, 2010				
DS-DE 24 (Rev. 5/11)		Santitude On Land	Bonded Through National No.	R le 1S-2.0001, F.A.C.				

FORM 6	FULL AND PUBLIC DISCLOS	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD Rausch Paige	DLE NAME:	
MAILING ADDRESS: 1580 Olmeda Way		
		14ار
CITY: Fort Myers	ZIP: COUNTY: 33901 Lee	714JUN16AMOSK21 SUE LEE O
NAME OF AGENCY: Lee County		1260
NAME OF OFFICE OR POSITION HE District 2 Commissi	LD OR SOUGHT	Z.E.C.
CHECK IF THIS IS A FILING BY A CA	NDIDATE 3	<u>α</u>
	PART A - NET WORTH	ئش
	h as of December 31, 2013, or a more current date. [Note: Note: No	let worth is not calculated by subtracting your
My net worth as	s of 20 <u>14</u> was \$	\$13596
following, if not held for investment furnishings; clothing; other household. The aggregate value of my household. ASSETS INDIVIDUALLY VALUED AT DESCRIPTION OF A 2007 Saab 9-3 Conve	cts may be reported in a lump sum if their aggregate value of purposes: jewelry; collections of stamps, guns, and numism ditems; and vehicles for personal use. Id goods and personal effects (described above) is \$ OVER \$1,000: SSET (specific description is required - see instructions partible	natic items; art objects; household equipment and
2001 Mercedes DLK 3		
Furniture and House		\$5, <u>00</u> 0 \$7, 0 00
Jewelry and Clothin	<u>g</u>	\$7,400
	PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		AMOUNT OF LIABILITY
Suncoast Credit Unio	on P. O. Box 11904, Tampa FL 33	\$10,114
Internal Revenue Ser	rvice	\$5,390
IONT AND OFFICE ALL LABOR WITH A	OT REPORTED AROUS:	
JOINT AND SEVERAL LIABILITIES N NAME AND ADDRES		AMOUNT OF LIABILITY
	NA	
	<u> </u>	

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 in Part D. If you sheet this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.								
I elect to file a copy of my [If you check this box and	y 2013 federal income tax re I attach a copy of your 2013	eturn and all W2's tax return, you	's, schedules, need not con	, and attac nplete the	chmen remai	IJN16PR nder of Pa	() 150 SUE n D.]	FFF ML,
PRIMARY SOURCES OF INCO	ME (See instructions on pa							
NAME OF SOURCE OF INCO			ADDRESS C				22001	AMOUNT STATE
Paige Rausch (c	onsultant)	1580 01	imeda w	vay F		Myers	22301	24,407
			_					
	•							
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]: NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE								
Landqwest	consulting	_	1614 Colonial Blvd. Ft Mye:				Real Estate	
JDS LLC	consulting		6765 Garland ST., Ft Myers			Myers	Real Estate	
	-							1 1 1 1 1 1 1 1 1 1
		N OPPOUR	D. D.L.GINID	2000 11			(1	Ŋ
127	ART E – INTERESTS I			•		tions on p	age oj	NESS ENTITE 3
NAME OF	BUSINESS ENTITY	#1	BUSINE	SS ENTIT	1#2		BUSII	
BUSINESS ENTITY ADDRESS OF			.					<u>F</u>
BUSINESS ENTITY								<u> </u>
PRINCIPAL BUSINESS ACTIVITY			10					
POSITION HELD WITH ENTITY			3 / M					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A	THROUGH E ARE CO	ONTINUED	ON A SEPA	ARATE	SHE	ET, PLE	ASE CHE	CK HERE
OATH STATE OF FLORIDA Lee								
I, the person whose name appe	ears at the	Sworn	to (or affirme	d) and sul	bscrib	ed before i	me this 🖊	6 day of
beginning of this form, do depo	se on oath or affirmation		Johe	-	14		her	- , ,
and say that the information dis	sclosed on this form			, 20) <u>- </u>	. Dy	- NEX	
and any attachments hereto is	true, accurate,	(Sichat	de philotan	Public Ct		(Highda)		14 FIXE
and complete. Notary Public - State of Florids								
(Pruit *** Camp Commission & Fig. 1986)								
Personally Known Our Insulated Identification X								
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Type of Identification Produced FLDL								
If a certified public accountant she must complete the followin		73, or attorney i	in good stan	ding with	the F	lorida Bar	prepared t	this form for you, he or
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			حصر ور	ه. ه			Date	
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.								