


**FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2005**

\*\*\*\*\*AUTO\*\*ALL FOR AADC 335 T5 P1 215  
 Patricia Mulieri  
 County Commissioner, District 2, Elected Constitutional Officer  
 Pasco County  
 12850 McBride Road  
 PO Box 891  
 Land O Lakes, FL 34639-0891

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 2006 JUL 17 PM 4:22  
 KURT S. MORGAN  
 SUPERVISOR OF ELECTIONS  
 TAMPA, FLORIDA

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 ID No. 24294  
 Conf. Code \_\_\_\_\_  
 P. Req. Code \*\*\*\*\*



CHECK IF THIS IS A FILING BY A CANDIDATE

Mulieri, Patricia

**PART A - NET WORTH**

Please enter the value of your net worth as of December 31, 2005, 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 Dec 31, 2005 was \$ 649,000.

**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 \$ 12,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Log House & pasture 12850 McBride Rd, Spring Hill FL 34610	155,000
mobile 12931 marsh rd Spring Hill FL 34610	50,000
Pasture land - mobile 1746 + 17704 Coonhide Spring Hill	50,000
mobile & Pasture 12845 Marsh Rd Spring Hill 34610	50,000
money market Suncoast Credit Union Lakeland, FL	125,000
Life Annuity 700 Box 11904 Tampa FL	84,000

**PART C - LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

**PART D – INCOME**

You may **EITHER** (1) file a complete copy of your 2005 federal income tax return, including all 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 2005 federal income tax return. [If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Pasco BCC	38053 Live Oak Dade City	73055.04
Pasco Hernandez CE	10230 Ridgely Rd NDR	30881.52
Social Security	Dept of Treasury	19,215.00
Div of Retirement	PO. Box 9000 Tallahassee	34,017.75
First Success Credit Union Rental income	1210 W. Rd NDR 12931 + 12845 Marsh Rd Springhill	4,342.83 5,400.00

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

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**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 KURT S. ALONZO  
 SUPERVISOR OF DEPT OF REVENUE  
 NEW ORLEANS, LA

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 Pasco  
 Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of

June, 2006 by Freda G. Abrams  
Freda G. Abrams  
 (Signature of Notary Public—State of Florida)

**FREDA G. ABRAMS**  
 MY COMMISSION # DD 375811  
 EXPIRES: February 23, 2009  
Repealed They Budget Notary Services

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

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

Patricia Mullen  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.