

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

**FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Salzano, Anthony Marcus

MAILING ADDRESS:  
P.O. Box 428

CITY: ZIP: COUNTY:  
Port Richey 34673-0428 Pasco County

NAME OF AGENCY :  
Sixth Judicial Circuit in and for Pasco County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Pasco County, County Court Judge, Group 7

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 2005 JUL 18 AM 10:05  
 KURT S. BLOOM  
 SUPERVISOR OF ELECTIONS  
 NEW PORT RICHEY, FL

**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 December 31, 2005 was \$ 83,729.29

**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 \$ 50,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence (Parcel ID 19-26-17-0040-01300-0040)	175,000.00
Florida Retirement System Investment Plan (P.O. Box 56290, Jacksonville, FL 32241-6290)	21,394.62
Nationwide Deferred Compensation Program [457(b) and a Rollover] (5900 Parkwood Pl., Dublin OH 43016)	25,735.29
Florida West Coast Credit Union Joint Savings Account (1225 Millennium Pkwy, Brandon, FL 33511)	2,855.60
Suntrust Bank Joint Checking Account (P.O. Box 622227, Orlando, FL 32862-2227)	5,085.36

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nelnet Loan Services, Inc. (P.O. Box 17460, Devner, CO 80217-0460)	67,014.28
Branch Banking & Trust Co. of South Carolina (P.O. Box 2467, Greenville, SC 29602-2467)	128,010.87
Branch Banking & Trust Co. of South Carolina (P.O. Box 580002, Charlotte, NC 28258-0002)	1,316.43

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

PART B-ASSETS  
(CONT.)

Description of Assets	Value
Florida West Coast Credit Union Savings Account (1225 Millennium Pkwy, Brandon, FL 33511)	525.78

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KURT S. DROBNER  
SUPERVISOR OF ELECTIONS  
NEWPORT RICHEY, FLORIDA

**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 Board of County Commissioners	38053 Live Oak Ave., Dade City, FL 33523	62,344.46

**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	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 2006 JUL 18 AM 11:55  
 KURT B. HENDRICKS  
 SUPERVISOR OF DEPARTMENT OF REVENUE  
 NEW ORLEANS, LOUISIANA

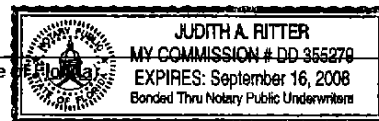
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE:

**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 18<sup>th</sup> day of

July, 2006 by \_\_\_\_\_  
 (Signature of Notary Public—State of Florida)



(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.