

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

OF FINANCIAL INTEREST

619 S. PALM BLVD. STE. F
MILTON, FL 32570-4592

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
GIRAUD, TONY

2014 APR 28 PM 12 11

MAILING ADDRESS:
4535 HAYES RD

CITY: ZIP: COUNTY:
MILTON 32583 SANTA ROSA

NAME OF AGENCY:
1ST JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
SANTA ROSA COUNTY COURT JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE

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, 20 13 was \$ - \$89,436.39

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 \$ 35,354

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
APPROX 2 & 1/2 ACRES END OF WILDER RD. ESCAMBIA COUNTY	\$27,930
BANK OF AMERICA CHECKING	\$5,103.72
BANK OF AMERICA SAVINGS	\$1,250
HOME AND 4.8 ACRES 4535 HAYES RD. SANTA ROSA COUNTY	\$225,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MOHELA PO BOX 105347 ATLANTA GA. 30348	\$96,447.52
WELLSFARGO PO BOX 660278 DALLAS TX 75266	\$222,396.59
WELLSFARGE PO BOX 25341 SANTA ANA CA. 92799	\$13,016.88

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SANTANDER PO BOX 660633 DALLAS TX 75266	\$9,097.39
SANTANDER PO BOX 660633 DALLAS TX 75266	\$5,384.01

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.

6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592
2013 APR 28 PM 12:11

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
STATE OF FLORIDA	200 EAST GAINES ST. TALLAHASSEE FL 32399	\$138,020

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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
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 SANTA ROSA

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 28th day of

April 2014 by TONY GICAUD
Donna E Flournoy
(Signature of Notary Public—State of Florida)

NOTARY PUBLIC-STATE OF FLORIDA
Donna E. Flournoy
Commission # EE010337
Expires: AUG 16, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

DONNA E. FLOURNOY
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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.