

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST**

2013

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Bondi Pamela Jo

MAILING ADDRESS:
[REDACTED]

CITY: [REDACTED] ZIP: [REDACTED] COUNTY: Hillsborough

NAME OF AGENCY :
Office of Attorney General

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Attorney General

CHECK IF THIS IS A FILING BY A CANDIDATE

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TALLAHASSEE, FL
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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, 20 13 was \$ 1,238,632.82

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 \$ 505,328

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence	720,000.00
CenterState Bank Checking Account	23,773.55
Bank of America Checking Account	6,381.02
Condominium, 1/3 interest	277,928.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools Federal Credit Union, P.O. Box 11904, Tampa, FL 33680	255,220.07
Suncoast Schools Federal Credit Union, P.O. Box 11904, Tampa, FL 33680	35,206.81

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	200 E. Gaines St., Tallahassee, FL 32399	128,745.59

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
None			

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

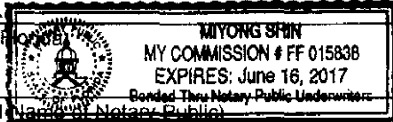
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 Hillsborough
 Sworn to (or affirmed) and subscribed before me this 4th day of June, 2014 by Pamela Bondi

[Signature]
 (Signature of Notary Public--State of Florida)

 (Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Produced Identification
 Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, ROBERT E. WATKINS, CPA, 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] _____ Signature
 _____ Date 6/4/2014

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

COATES LAW FIRM, PL
ATTORNEYS AT LAW

RICHARD E. COATES
EMMETT MITCHELL, IV
ROGER N. BEAUBIEN

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NOREEN A. FENNER*
*Not an attorney

DIVISION OF ELECTIONS
TALLAHASSEE, FL

115 EAST PARK AVENUE, SUITE 1
TALLAHASSEE, FLORIDA 32301
(850) 681-1029
FAX: (208) 248-9038

June 9, 2014

Ms. Kristi Bronson
Division of Elections
RA Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399

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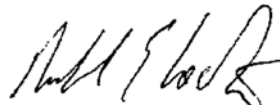
Re: Pam Bondi Qualifying Documents
Florida Attorney General

Dear Kristi:

Enclosed for filing are the Candidate Oath, Financial Disclosure and Cabinet Officer Request for Contributions forms for Attorney General Pam Bondi. Also enclosed is a check drawn on her campaign account in full payment of the qualifying fee.

Please let us know if you have any questions or need any additional information.

Sincerely,



Richard E. Coates

Enclosures