# FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2016

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 19 2017
22.1567 RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
Pietruszewski Ruth

MAILING ADDRESS:
3485 S.E. Willoughby Blvd.

CITY: Stuart, ZIP: 34994 COUNTY: Martin

NAME OF AGENCY:
Martin County Tax Collector

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Tax Collector

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, 2016 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 16 was $ 1,107,199.

## 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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 20,000

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

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|---|---|
| (see attached list) | $1,157,715 |
| | |
| | |
| | |

## PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| TD Bank, P.O. Box 5095, Mount Laurel, NJ 08054 | $69,100.95 |
| | |
| | |
| | |

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| Synchrony Bank, P.O. Box 965016, Orlando, FL 32896-5016 | $386.96 |
| USAA, P.O. Box 14050, Las Vegas, NV 89114-4050 | $660.75 |
| Citicards, 3415 Vision Drive, Columbus, OH 43219 | $367.82 |

## PART D – INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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 |
|---|---|---|
| Martin County Tax Collector's Office | 3485 S.E. Willoughby Blvd, Stuart, FL 34994 | $115,291.28 |
| Florida Retirement System (Deceased Husband) | P.O. Box 9000, Tallahassee, FL 32315-9000 | $76,708.14 |

**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 |
|---|---|---|---|
| | | | |
| | | | |

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

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---|---|---|
| NAME OF BUSINESS ENTITY | | | |
| 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 | | | |

## PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

## 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.

Ruth Pietruszewski
**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

JACQUELYN WICKS MY COMMISSION EXPIRES MARCH 1, 2020 #FF 966309 Bonded thru Troy Fain Insurance NOTARY PUBLIC, STATE OF FLORIDA

**STATE OF FLORIDA**
**COUNTY OF** Martin

Sworn to (or affirmed) and subscribed before me this 16th day of May, 2017 by Ruth Pietruszewski.

(Signature of Notary Public–State of Florida)

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

Personally Known ✓ *OR* Produced Identification _____

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.**

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

2016

## Part B-Assets

| Asset | Value of Asset |
|---|---|
| Residence-Palm City, FL | $201,054 |
| Second home-Orlando, FL | $120,124 |
| Chase (CD) | $21,436.04 |
| BB&T (CD) | $15,132.26 |
| BB&T checking | $1,411.82 |
| TD Bank (CD) | $40,326.36 |
| TD Bank Checking | $53,160.90 |
| TD Bank (Jumbo CD) | $100,621.50 |
| Seacoast (CD) | $10,866.01 |
| Seacoast checking | $276,827.12 |
| SunTrust (CD) | $5,556.10 |
| PNC Bank (CD) | $35,903.57 |
| BankUnited (CD) | $80,725.85 |
| Bank of America (CD) | $10,512.73 |
| Wells Fargo (CD) | $29,793.86 |
| Metlife Annuity | $9,710.89 |
| SunTrust IRA | $17,396.65 |
| Wells Fargo Securities | $8,794.60 |
| Home Depot stock | $7,262.79 |
| Morgan Stanley/Smith Barney | $5,898.80 |
| Bencor 401a | $27,173.40 |
| Bencor 403b | $7,176.04 |
| Harbor Community | $4,200.00 |
| Harbor Community (CD) | $10,080.20 |
| MetLife Total Control Acct. | $10,911.62 |
| One America Deferred Comp | $20,721.24 |
| Wells Fargo IRA | $13,949.75 |
| Nationwide 457(b) | $10,986.77 |
| | $1,157,715 |

# MARTIN COUNTY TAX COLLECTOR

HONORABLE RUTH PIETRUSZEWSKI


Main Office

3485 SE Willoughby Blvd
Stuart, FL 34994

Phone Number
772-288-5600

Branch Offices

Indiantown
16550 Warfield Boulevard
Indiantown, FL 34956

Hobe Sound
11734 SE Federal Highway
Hobe Sound, FL 33455

Palm City
3003 S.W.
Martin Downs Boulevard
Palm City, FL 34990



FLORIDA
COMMISSION ON ETHICS
JUN 19 2017
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June 11, 2017

State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
325 John Knox Rd.
Bldg. E, Ste. 200
Tallahassee, FL 32303

Ms. Virlindia Doss
Executive Director,

Per your memorandum request dated June 1, 2017 enclosed you will find signed and completed Form 6, Full and Public Disclosure of Financial Interests for me, Tax Collector, Martin County, Florida.

Should you require anything further of this office, feel free to contact me at (772) 288-5587.

Sincerely,

Ruth Pietruszewski

RUTH PIETRUSZEWSKI, CFC
Martin County Tax Collector