FORM 6			OISCLOSURE	2019
Please print or type your name, mailing address, agency name, and position below:	OF FIN	NANCIAL IN	TERESTS CEIVED	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD Terry James		Kenneth	2120 JUN -8 AMII:	43
MAILING ADDRESS: PO Box 10857			DERVISOR OF ELECT	TIONS , FL
		00111170		
CITY: Brooksville	ZIP: <b>34613</b>	COUNTY: <b>Hernando</b>		
NAME OF AGENCY : Hernando County				
NAME OF OFFICE OR POSITION HEL Hernando County Sheriff	.D OR SOUGHT :			
CHECK IF THIS IS A FILING BY A CAR	NDIDATE 🔲			
		PART A NET WO	RTH	
Please enter the value of your no culated by subtracting your <i>repo</i>	orted liabilities fro	om your <i>reported</i> as	sets, so please see the instruct	
My net worth as of De	cember	, 20 19	was \$ <u>761,250.00</u>	·
HOUSEHOLD GOODS AND PERSONA Household goods and personal effect following, if not held for investment fumishings; clothing; other household	cts may be reported purposes: jewelry; o	collections of stamps, gu	ggregate value exceeds \$1,000. This c ns, and numismatic items; art objects	ategory includes any of the household equipment and
The aggregate value of my household	d goods and person	al effects (described abo	ve) is \$ 60,000.00	
ASSETS INDIVIDUALLY VALUED AT	OVER \$1,000:	cription is required - se		VALUE OF ASSET
See attached Addendum				
		PART C LIABILI	TIES	
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES				AMOUNT OF LIABILITY
See attached Addendum				
			, and the second se	
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRES		OVE:		AMOUNT OF LIABILITY
See attached Addendum				

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]									
PRIMARY SOURCES OF INCO	ME (See instructions on pa	age 5):							
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000	ADDRESS OF SOURC			AMOUNT				
Hernando County	Hernando County		in St. Brooksville Fl.	34601	\$63,662.33				
					165.1				
SECONDARY SOURCES OF IN	ICOME [Major customers, cl	ients. etc of b	usinesses owned by reporting	personsee instru	uctions on page 51:				
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	R SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
N/A									
	ADTE INTEDESTS	N CDECTELE	D BUSINESSES [Instruct	iona on nago (1					
	BUSINESS ENTITY		BUSINESS ENTITY # 2		USINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	N/A	# 1	BUSINESS ENTITT # 2		OSINESS ENTIT # 3				
ADDRESS OF									
BUSINESS ENTITY PRINCIPAL BUSINESS									
ACTIVITY POSITION HELD	Market and the second s								
WITH ENTITY I OWN MORE THAN A 5%									
INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST					The state of the s				
		PART F -	TRAINING						
For office	rs required to complete	annual eth	ics training pursuant to	section 112.31	42, F.S.				
	CERTIFY THAT I H	AVE COM	PLETED THE REQUI	RED TRAIN	ING.				
OA	TH		of Florida	<b>∂</b>					
I, the person whose name appe	ears at the		to (or affirmed) and subscribe		neans of				
beginning of this form, do depo	se on oath or affirmation	phy	/sical presence or 🔲 online r	notarization, this _	3rd day of				
and say that the information dis	sclosed on this form	$\mathcal{M}$	oy , 20 20	hv					
and any attachments hereto is	true, accurate,		Mist Shirt of						
and complete.		(Signa	ture of Notary Public-State of	Notary	Public-State of Florida				
$\sim$				Comr	nission # GG 311293				
			(Print, Type, or Stamp Commissioned Manue of Notary (Print, Type, Or S						
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE			Personally Known OR Produced Identification						
			f Identification Produced						
If a certified public accountant she must complete the following		73, or attorney	in good standing with the F	lorida Bar prepa	red this form for you, he or				
I,		, prepared	the CE Form 6 in accordance	e with Art. II. Se	c. 8. Florida Constitution.				
Section 112.3144, Florida Stat and correct.	utes, and the instructions t	o the form. U	pon my reasonable knowledg	ge and belief, the	e disclosure herein is true				
Signature	e			 Da	te				
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under									
	oy a CIA di andiney u	des not lend	eve the liter of the respoi	usidinty to sign	n the form under cath.				

## Terry, James Hernando County Sheriff Candidate Addendum to Form 6 - 2019

Household Assets (Items under \$1000) - Approx.	\$	60,000.00
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific		
description is required - see instructions p.4)	VALUE OF ASSET	
House 8127 Cresap St. Brooksville Fl. 34613 (Main Residence)		340,000.00
House 7425 Mandrake RD. Brooksville Fl 34613 (2nd Home)	\$	233,000.00
Centerstate Bank checking	\$	3,500.00
Suncoast Federal Credit Union Savings	\$	280,000.00
Bank of America Savings	\$	2,000.00
Bank of America checking	\$	1,200.00
2019 Acura MDX	\$	30,000.00
2015 GMC Sierra 4x4	\$	22,000.00
1998 Seaswirl 17' bow rider boat	\$	3,000.00
HSA Health Savings account	\$	13,500.00
Total Assets:	\$	988,200.00
PART - C LIABILITIES: LIABILITY IN EXCESS OF \$1,000. Name and address of creditor:		
SPS Mortgage Company P.O. Box 65250 Salt Lake City Utah 84165 (Main Residence)	\$	162,000.00
Bank of America HELOC 7485 Broad st. Brooksville Fl. 34601 (Main Residence)	\$	6,300.00
Capital One Auto Finance 8050 Dominion Pkwy, Plano TX 75024 (Auto)	\$	16,500.00
BB&T 11234 Spring Hill Dr. Spring Hill Fl 34609 (Auto)	\$	29,000.00
Suncoast Federal Credit Union, Credit Brooksville Fl 34601 (Credit Card)	\$	10,500.00
Sams Club Credit 13360 Cortez Blvd Brooksville Fl 34613	\$	650.00
Nelnet Student Loans P.O. Box 82561 Lincoln NE 68501	\$	2,000.00
Total Liabilities:	\$	226,950.00
Net Worth:	\$	761,250.00

