

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Allocco, Jr -- John

MAILING ADDRESS:

7033 Bahama Swallow Ave

CITY:

Weeki Wachee

ZIP:

FL

COUNTY:

Hernando

NAME OF AGENCY:

Hernando County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 MAY 26 PM 2: 23

SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 MAY, 20 20 was \$ 795,468.25.

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 \$ 42,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
7033 Bahama Swallow Ave, Weeki Wachee FL 34613	\$240,000.00
Fyzical Therapy & Balance Ctr, 6119 Deltona Blvd, Spring Hill FL 34606	\$400,000.00
FRS \$27,295.07 / TD AmeriTrade \$6673.18	\$33,968.25
Grow Financial, P.O. Box 89909, Tampa FL 33689 (sale of property TN, 02/2020)	\$79,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
M&T Bank, PO Box 1288, Buffalo NY 14240	\$11,491.68

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Center State Bank, 12435 Cortez Blvd, Brooksville FL 34613	\$6,105.51

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 INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Fyzical Therapy & Balance Ctr	6119 Deltona Blvd, Spring Hill FL 34606	\$94,232.50
Hernando County BOCC	20 N. Main Street, Brooksville FL 34601	\$69,956.09

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:
Rental Property TN 7006 Crown Pt. Lane, Sevierville TN 37862 \$11,245.50

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
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.

STATE OF FLORIDA

COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 20th day of

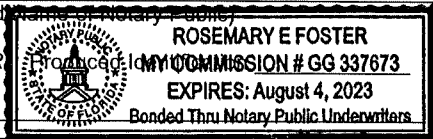
May, 2020 by John Allocco Jr.

Rosemary E. Foster
 (Signature of Notary Public--State of Florida)

Rosemary E. Foster
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR

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, _____, 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