

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Champion

Steven

Douglas II

2020 JUN -8 AM 8:47

MAILING ADDRESS:

15678 Oakcrest Circle

SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

CITY:

Brooksville

ZIP:

34604

COUNTY:

Hernando

NAME OF AGENCY:

Hernando County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Hernando County Commissioner District 5

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, 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 June 1st, 2020 was \$ 1,062,970.10.

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 \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See Attached List

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See Attached List

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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
American Gun & Pawn INC	1118 E Jefferson St Brooksville FL 34601	86,920.00
Hernando County Commission	20 N Main St Brooksville Fl 34601	64,957

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
Tactical Supply & Surplus	Business	490 Smith St Brooksville	Retail Business
Champion	Rental Property	15678 Oakcrest Circle	Retail Business

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.

STATE OF FLORIDA

COUNTY OF

Hernando

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 3rd day ofJune2020 by Steven Champion

CHRISTOPHER SIFF
Notary Public - State of Florida
Commission # GG 949167
My Comm. Expires Jan 20, 2024
Bonded through National Notary Assn

(Print, type, or stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification _____

Type of Identification Produced Drivers License

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 ☐

Description of asset	Value
Oakwood acres House	\$461,886
Olmes & Champion family houses	\$61,725
Empty lots owned =	\$299,500
Bank accounts =	\$42,124
50% ownership Tactical Supply =	\$178,000
Shares in American Gun & Pawn =	\$489,813
FRS Retirement acct	\$18,621.11
Household personal property	\$50,000
Total assets =	\$1,601,669.10

Liabilities:

Ditech Mortgage Oakwood acres house = \$127,215

Loan from Peter Resnick = \$110,000 x 50% = \$55,000

Loan Payable to American Gun & Pawn for Land = \$256,484

Eqity Line of Credit = \$100,000

Total Liabilities = \$538,699

Total net assets = \$1,062,970.10