

**OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
 GUADAGNINO GUSTAVE ALBERT

MAILING ADDRESS:  
 1539 FAYETTEVILLE DR.

CITY: ZIP: COUNTY:  
 SPRING HILL 34609 HERNANDO

NAME OF AGENCY:  
 SCHOOL BOARD OF HERNANDO COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
 SCHOOL BOARD MEMBER, DISTRICT #4

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED  
 2020 MAY 28 AM 8:59  
 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 19, 20 20 was \$ 1,482,176.68.

**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 \$ \_\_\_\_\_

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
STATEMENT ATTACHED	\$1,654,211.13

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
STATEMENT ATTACHED	\$172,034.45

**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

**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	JONI INDUSTRIES		
ADDRESS OF BUSINESS ENTITY	16230 AVIATION LOOP D		
PRINCIPAL BUSINESS ACTIVITY	PROMOTIONAL ITEMS		
POSITION HELD WITH ENTITY	PRES/SUPERVISOR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	OWNER/OPERATOR		

**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.

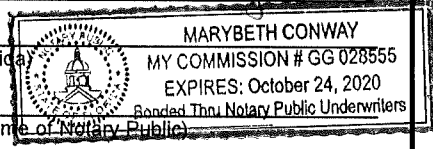
**OATH**

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 26th day of

May, 2020 by Guotave Guadagnino

(Signature of Notary Public--State of Florida)  
Marybeth Conway  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification   
 Type of Identification Produced n/a

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, MICHAEL J KIERZTNSKI, 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

5-26-20  
 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**

GUSTAVE A. GUADAGNINO  
STATEMENT OF FINANCIAL CONDITION  
MAY 19, 2020

ASSETS

CURRENT ASSETS			
101	CKG & SVGS - CENTENNIAL	\$	4,642.18
102	CKG & SVGS - CAPITAL CITY		5,530.28
103	CKG & SVGS - BANK OF AMER		1,038.67
			11,211.13
	TOTAL CURRENT ASSETS	\$	11,211.13
PERSONAL ASSETS			
351	AUTOMOBILES		32,000.00
355	RESIDENCE		241,000.00
			273,000.00
	TOTAL PERSONAL ASSETS		273,000.00
INVESTMENTS			
363	JONI INDUSTRIES, INC.		300,000.00
			300,000.00
	TOTAL INVESTMENTS		300,000.00
REAL ESTATE INVESTMENTS			
371	10 AC - SPRING HILL, FL		900,000.00
372	CONDO - ST PETERSBURG, FL		170,000.00
			1,070,000.00
	TOTAL ASSETS		1,070,000.00
	TOTAL ASSETS	\$	1,654,211.13

LIABILITY & NET WORTH

LONG TERM LIABILITIES			
416	MORT. PAYABLE-RESIDENCE	\$	172,034.45
			172,034.45
	TOTAL LONG TERM LIABILITIES	\$	172,034.45
NET WORTH			
511	NET WORTH		1,482,176.68
			1,482,176.68
	TOTAL NET WORTH		1,482,176.68
	TOTAL LIABILITY & NET WORTH	\$	1,654,211.13

PREPARED AT MARKET VALUE  
UNAUDITED PREPARED BY KIERZYNSKI & ASSOCIATES, C.P.A., P.A.