

FORM 6 FULL AND PUBLIC DISCLOSURE 2019

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

OF FINANCIAL INTERESTS RECEIVED FOR OFFICE USE ONLY:

2020 JUN -8 AM 10:43

SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:
DANIEL SALLY L.

MAILING ADDRESS:
4435 BASEBALL POND RD

CITY: ZIP: COUNTY:
BROOKSVILLE 34602 HERNANDO

NAME OF AGENCY:
HERNANDO COUNTY TAX COLLECTOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
HERNANDO COUNTY 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, 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 DECEMBER 31, 20 19 was \$ 2,699,353.00.

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 \$ 400,00.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BASEBALL POND ROAD, BROOKSVILLE, FL (RESIDENCE)	559,000.00
CABANA STREET, WEEKI WACHEE, FL (2ND HOME)	600,000.00
SUNCOAST FEDERAL CREDIT UNION	441,152.00
CONTINUED ON SEPARATE PAGE	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART B - ASSETS (CONTINUED)	
DESCRIPTION OF ASSETS: 12/31/2019	VALUE OF ASSET
SUNTRUST BANK (BANK ACCTS.) PO BOX 622227, ORLANDO, FL 32862-2221	\$ 19,306.00
CENTENNIAL BANK (STOCK) 4301 BARCLAY AVE., SPRING HILL, FL 34609	\$ 51,046.00
NATIONWIDE (457B) 1 SW SECURITY BENEFIT PL, TOPEKA, KS 66636	\$ 459,628.00
NATIONWIDE (IRA) 1 SW SECURITY BENEFIT PL, TOPEKA, KS 66636	\$ 47,954.00
THE HARTFORD (LIFE INS EQUITY) ONE HARTFORD PLAZA, HARTFORD, CT 06155	\$ 9,165.00
PROTECTIVE LIFE INS. (EQUITY)	\$ 112,102.00
TOTAL	\$ 699,201.00

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
HERNANDO CO. TAX COLLECTOR	20 N. MAIN ST, RM. 112, BROOKSVILLE, FL	\$135,764.00

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			
DO 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.

Julio S. Garcia
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Hernando
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 8 day of
June, 2020 by _____
Christina Cohen
 (Signature of Notary Public--State of Florida)
 CHRISTINA COHEN
 MY COMMISSION # GG209373
 EXPIRES: April 19, 2022
 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