FORM 6 FULL AND PUBLIC DIS	2019					
OF FINANCIAL INT	FOR OFFICE USE ONLY:					
		2020 JUN -2 AM II: 40				
Manatee County-Elected Constitutional Officer		INAIMALEE COUNTY SUPERVISOR OF ELECTION				
1]		1 JUNIUN JUJU JULU (NUJU JUNU JUNU				
CHARLES KENNETH BURTON JR, TAX COLLECTOR	ID CODE					
2121 21ST ST W PALMETTO FL 34221-6138	ID NO.	3907				
	CONF. COD	E				
CHECK IF THIS IS A FILING BY A CANDIDATE	harles Kenneth					
рарта Net W/Орт	ΥH					
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 cal- culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]						
My net worth as of June. 1, 20 20 wa	as \$ 750, UC.0					
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggre following, if not held for investment purposes: jewelry; collections of stamps, guns, furnishings; clothing; other household items; and vehicles for personal use, whether or The aggregate value of my household goods and personal effects (described above) it	and numismatic items; when or leased.					
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see in	VALUE OF ASSET					
Hune 2121 BIST St W, Pelnetto, FL 31221	550,000					
Vehidar(2) 06 Expedition 08 Hurda	12,000					
DROP	150,000					
Checking		6,000				
Schigs FL GATEL + SSCJ DJ Y CA LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	65,000					
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY				
Huse Mitzoze		190,000				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY				
CE FORM 6 - Effective January 1, 2020 (Continued on reverse side	\	PAGE 1				

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):								
Make of source of income exceeding \$1,000 ADDRESS OF SOURCE OF INCOME March by Chy Tax Cullecture 814 341 Blud WBrallerture						F4 119,000		
Marcipo Cty Tax Cullector 81		814 3	1 301 Blud WBrellertu			119,000		
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]:								
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS		1	ADDRESS OF SOURCE		PRINCIPAL BUSINESS		
BUSINESS ENTIT	01 80314233	INCOME						
		<u></u>						
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3								
NAME OF	BUSINESS ENTITY	# I	BUSINES	5 ENTIT # 2		1233 EN111 # 3		
BUSINESS ENTITY ADDRESS OF			.					
BUSINESS ENTITY PRINCIPAL BUSINESS				SUPE R				
ACTIVITY POSITION HELD	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			N	n 1			
WITH ENTITY				5 = 0				
INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST						FIC B		
		PART F -	TRAINING					
For officers required to complete annual ethics training pursuant to section 112.3142, ES. 5								
OATH STATE OF FLORIDA								
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me by means of beginning of this form do denose on path or affirmation Uphysical presence or online notarization, this 2 mar day of								
beginning of this form, do depo and say that the information dis					land IR	The A		
and say that the information disclosed on this form								
and complete. (Signature of Notap) PublicState Provide State Provide S								
MY COMMISSION # GG 175645 EXPIRE8: March 25, 2022								
(Print, Type, or Stamp Commission of Handward The Miles of Blasted, The Miles of Blasted								
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE								
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