

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

Manatee County-Elected Constitutional Officer

2020 MAY 29 PM 12: 22

MANATEE COUNTY SUPERVISOR OF ELECTIONS



*****AUTO**INDEXED AADC 323 T6 P1 145 1274

PRISCILLA WHISENANT TRACE, COUNTY COMMISSIONER, DISTRICT 1
PO BOX 416
PARRISH FL 34219-0416

ID CODE



ID NO.

266783

CONF. CODE

Trace, Priscilla Whisenant

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, 2019 was \$ 2,805,210⁰⁰

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
Investments in Business and Land	2,054,710
Home and Furnishings	354,000
Bank accounts	396,500
	2,805,210

PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	0

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
See attached schedule D		57,540

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			

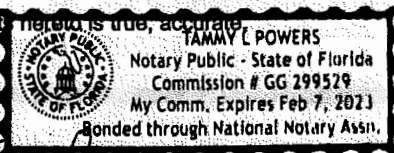
PART F - TRAINING

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 attachment hereto is true, accurate and complete.



D. Small Whisenand Jr
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Sarasota
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 28th day of

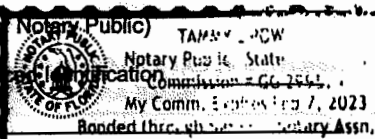
May, 2020 by

Tammy L Powers
 (Signature of Notary Public—State of Florida)

Tammy L Powers
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced

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, Karen Knatz, 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.

Karen Knatz
 Signature

5-28-20
 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

Priscilla Lee Trace

Schedule D - Income Supplementary Information:
For the year ended December 31, 2019

<u>Source</u>	<u>Address</u>	<u>Amount</u>
Ellenton Nursery, Inc. - wages	P.O. Box 416, Parrish, FL 34219	2,054.98
Manatee County - Wages		51,563.00
The Whisenant Family Limited Partnership	P.O. Box 207, Parrish, FL 34219	
Real Estate Income		1,092.00
Interest		1.00
Section 1231 Gains		2,829.00
		<u>57,539.98</u>

RECEIVED
2020 MAY 29 PM 12: 23
MANATEE COUNTY
SUPERVISOR OF ELECTIONS