| FORM 6 | FULL AND PUBLIC DISCL | OSURE | 2019 | | |
|--|--|-------------------------|--------------------------------------|--|--|
| Please print or type your name, mailing address, agency name, and position below | of FINANCIAL INTERE | STS FOR | OFFICE USE ONLY: | | |
| MAILING ADDRESS: | lando | J | UN 9 '20 PM4:02 OSC SOE | | |
| 1172 Anne Elisa | CR. | | | | |
| St Cloud NAME OF AGENCY: | 34772 COUNTY: Osceola | | | | |
| NAME OF OFFICE OR POSITION H | unty Tax Collector | | | | |
| CHECK IF THIS IS A FILING BY A C | ANDIDATE 🖫 | | | | |
| culated by subtracting your re | PART A – NET WORTH The net worth as of December 31, 2019 or a more ported liabilities from your reported assets, so possible with the ported assets, so possible with the ported assets, so possible with the ported assets, and the ported assets are ported assets. [Insert A – NET WORTH as the ported as a more ported assets, so possible with the ported as a more ported assets, so possible with the ported as a more ported as a mor | lease see the instructi | TANKS BELLEVANDO TARBOTANISMO TARAKA | | |
| 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 \$ 53,640 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF ASSET | | | | | |
| 1172 ANNE Elisa CA | | and proj | VALUE OF ASSET \$ 227, 928 | | |
| 4581 Englet Lane | | | \$ 225, 199 | | |
| | | | | | |
| | PART C - LIABILITIES | | | | |
| LIABILITIES IN EXCESS OF \$1,000 (NAME AND ADDRE | 하는 1 | | AMOUNT OF LIABILITY | | |
| BANK of America 100 | North Tryon St Charlotte, | NC 28255 | \$17,006. | | |
| . 6 | - Blvd Lake MARY, FL . 32- | | \$67,113. | | |
| | - | | | | |
| JOINT AND SEVERAL LIABILITIES I | | | | | |
| NONE | SO OT OTEDITOR | | 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 | | | | | | | | |
| Osceola County Prope | | 2505 E | | | .34744 | | | |
| 7 | 7 77 | | | 1 4 2 2 7 1 2 4 1 2 | | , | | |
| SECONDARY SOURCES OF INCOME [Major customers, clien | | ents, etc., of bu | sinesses owned by re | eporting person-se | e instruction | ns on page 5]: | | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR OF BUSINESS' | | A CONTRACTOR OF THE CONTRACTOR | ORESS OURCE | 19 10 100 | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | |
| NONE | | | | *************************************** | | | | |
| , , , , | | | | | | | | |
| NONE PART E - INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6] | | | | | | | | |
| NAME OF | BUSINESS ENTITY | #1 | BUSINESS ENT | ITY#2 | BUSIN | IESS ENTITY # 3 | | |
| BUSINESS ENTITY ADDRESS OF | | | | | | | | |
| PRINCIPAL BUSINESS | | | | | | | | |
| POSITION HELD | | | | | | | | |
| WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | | | | | | |
| NATURE OF MY | | | | | | | | |
| OWNERSHIP INTEREST PARTIES. | | | | | | | | |
| | | PART F - ' | TRAINING | | | | | |
| For officers | required to complete | | TRAINING cs training pursu | ant to section 1 | 12.3142, | F.S. | | |
| | required to complete | annual ethi | cs training pursu | | | | | |
| | CERTIFY THAT I H | annual ethi AVE COMI | cs training pursu PLETED THE F | | | | | |
| | CERTIFY THAT I H | AVE COMI STATE COUNT Swprn | CS training pursu PLETED THE F OF FLORIDA TY OF (or affirmed) and s | CEOIA | RAINING | s of | | |
| OA' I, the person whose name appear beginning of this form, do depose | TH ors at the on oath or affirmation | AVE COMI STATE COUNT Swprn | OF FLORIDA OF OF THE FORD OF T | CEOIA ubscribed before m online notarization | ne by mean, | s of day of | | |
| OA' | TH are at the e on oath or affirmation losed on this form | AVE COMI STATE COUNT SWPTT | OF FLORIDA OF OF THE FORD OF T | CEOIA ubscribed before m online notarization | ne by mean, | s of | | |
| OA' I, the person whose name appear beginning of this form, do depose and say that the information disc | TH are at the e on oath or affirmation losed on this form | STATE COUNT Swern | OF FLORIDA OF OF THE FORD OF T | CEOIA ubscribed before moline notarization 20 20 by 0 1 | ne by mean, | s of day of | | |
| OA' I, the person whose name appear beginning of this form, do depose and say that the information disc and any attachments hereto is tree | TH are at the e on oath or affirmation losed on this form | STATE COUNT SWPTN SWPTN (Signate | OF FLORIDA OF FLORIDA OF GOVERNMENT OF FLORIDA OF GOVERNMENT OF FLORIDA OF GOVERNMENT | REQUIRED TR CCOA subscribed before m online notarization 20 20 by 0 1 | ne by mean, this | s of 1 day of GONZalez. | | |
| I, the person whose name appear beginning of this form, do depose and say that the information disc and any attachments hereto is the and complete. | TH Ins at the e on oath or affirmation losed on this form Lie, accurate, | sannual ethi AVE COMI STATE COUNT Swyrrn V phy (Signat (Print, 1 | OF FLORIDA TY OF to (or affirmed) and sical presence or UNC ure of Notary Publications o | REQUIRED TR CCO A Subscribed before monline notarization 20 20 by 0 1 1 State of Florida) AITLINA. GERMAINE OMMISSIONING 000303 (PIRES: April 12, 2021 | RAINING the by mean to this | s of day of GONZalez. | | |
| OA' I, the person whose name appear beginning of this form, do depose and say that the information disc and any attachments hereto is tree | TH Ins at the e on oath or affirmation losed on this form Lie, accurate, | STATE COUNT SWPTT SWPTT (Signat (Print, Terson) | OF FLORIDA TY OF to (or affirmed) and sical presence or UNC ure of Notary Publications o | REQUIRED TR COO A ubscribed before m online notarization 20 20 by 0 1 1 State of Florida) AITLINA. GERMAINE ONIMISSION IN COO SI (PIRES: April 12, 2021 Thu Notal Public Indiana | RAINING the by mean to this | s of day of GONZalez. | | |
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| I, the person whose name appear beginning of this form, do depose and say that the information discipand any attachments hereto is true and complete. SIGNATURE OF REPORTING OF The must complete the following I, Section 112.3144, Florida Statut and correct. | TH Ins at the e on oath or affirmation losed on this form Lie, accurate, CERTIFY THAT I H. Ins at the e on oath or affirmation losed on this form Lie, accurate, CERTIFY THAT I H. Ins at the e on oath or affirmation losed on the instructions to Instruction | STATE COUNT SWPTH SWPTH (Signat (Print, Terson) Type of (3, or attorney) Type of the form. Up | OF FLORIDA OF FLORIDA OF FLORIDA OF GOOD AND AND AND AND AND AND AND AND AND AN | REQUIRED TR CCO A Subscribed before monline notarization CO 20 by 0 1 1 State of Florida) ATLINA. GERMAINE OMMISSIONI 20 201 Thu Nota Public Condition and DC 1 the the Florida Bar coordance with Art. crowledge and belowed the condition of the conditi | RAINING The by means The this This | day of GONZA EZ. Solic) Attion V Chis form for you, he or Florida Constitution, closure herein is true e form under oath. | | |