

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 12:13

PALM BEACH COUNTY, FL

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Anne M. Gannon

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of Palm Beach County Tax Collector, _____, _____,
(Office) (District #) (Circuit #)

_____ ; my legal residence is Palm Beach County, Florida; I am a qualified elector
(Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 112218689

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

Ann Gan-None

<u>X Anne M. Gannon</u> Signature of Candidate	<u>(561) 689.9787</u> Telephone Number	<u>reelectannegannon@gmail.com</u> Email Address
<u>236 N DIXIE BLVD</u> Address	<u>Delray Beach</u> City	<u>Florida 33444</u> State ZIP Code

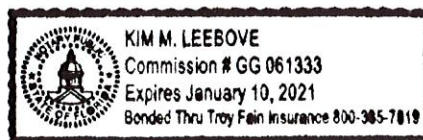
STATE OF FLORIDA
COUNTY OF PALM BEACH

Kim M. LeeBove
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 5th day of June, 2020.

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____



OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:
SUPERVISOR OF ELECTIONS

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Gannon Anne Marie

MAILING ADDRESS:
236 Dixie Blvd.

CITY : ZIP : COUNTY :
Delray Beach 33444 Palm Beach

NAME OF AGENCY :
Palm Beach County Tax Collector

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -8 PM 12:13

PALM BEACH 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 December 31, 20 19 was \$ 1,452,125.00.

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 \$ 115,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Bank, Box 182613, Columbus, OH 43218	36,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

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.]

SUPERVISOR OF ELECTIONS
 2020 JUN -8 PM 12:14

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		

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
N/A	N/A	N/A	N/A
			N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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.

Anne M. Gannon

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 5th day of

June, 2020 by Anne Gannon

Kim M. LeeBove

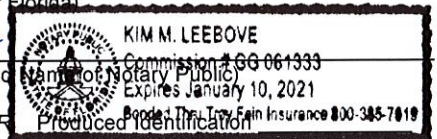
(Signature of Notary Public--State of Florida)

Kim M. LeeBove

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known X OF

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

Anne M. Gannon
Palm Beach County Tax Collector
2020

SUPERVISOR OF ELECTIONS
2020 JUN -8 PM 12: 14
PALM BEACH COUNTY, FL

Part B – Assets

Property at 236 Dixie Blvd, Delray Beach, FL 33444	\$	530,000
Empower, Box 173764, Denver, CO 80217	\$	177,280
Guardian Investments, Box 26210, Lehigh, PA 18002	\$	191,187
Ameriprise Financial 1130 US Highway 1, Ste 3408, PBG, FL 33408	\$	146,206
Voya Investments, 909000067, Hartford, CT 06199	\$	127,276
Wells Fargo, 303 Banyan, WPB, FL 33401	\$	5,859
Capital One Bank USA, Box 30249, Salt Lake City, UT 84130-Cash	\$	60,566
Wells Fargo, 303 Banyan, WPB, FL 33401	\$	7,767
FRS, DMS, Box 9000, Tallahassee, FL	\$	70,000
Vanguard, P.O. Box 1110, Valley Forge, PA – IRS	\$	56,984
	Sub Total	\$ 1,373,125
Household Goods/Personal Effects	\$	115,000.00
	Total	\$ 1,488,125

Part D – Income

PBC Tax Collector	301 N. Olive, 3 rd Floor, WPB, FL 33401	\$	179,168
Dole Fresh Fruit	Box 569, Pittsburgh, PA 15230	\$	5,546
PB State Corporation	Box 151750, Alexandria, VA 22315	\$	1,015
SSA – IRS	1 Jamaica Place, New York, NY 11432	\$	36,440
	Total	\$	222,169