FORM 6 FULL AND PUBLIC DISCLO	OSURE	2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERE	STS [FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		
Fasano Mike	11	
MAILING ADDRESS:	472	58-
8537 Eagle Brook Drive		31.7
		2020 JUN 2020 JUN 2020 JUN
CITY: ZIP: COUNTY:		
Land O Lakes 34638 Pasco		
NAME OF AGENCY:		ECEIVE
Pasco Tax Collector Office NAME OF OFFICE OR POSITION HELD OR SOUGHT:		The P
Tax Collector		PH 12:
CHECK IF THIS IS A FILING BY A CANDIDATE		2: 59 2: 59
	Transplant was	
PART A NET WORTH		
Please enter the value of your net worth as of December 31, 2019 or a more of	current date.	[Note: Net worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so pl	ease see the	instructions on page 3.]
My net worth as of December 31, 20 $\frac{19}{}$ was \$ 2,	085,030	
		·
DART D. ACCUTE		
PART B — ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and numing furnishings; clothing; other household items; and vehicles for personal use, whether owned or leading to the content of t	ematic itame: ar	00. This category includes any of the rt objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is \$ 65,0		
		1
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction	s p.4)	VALUE OF ASSET
Home 8537 Eagle Brook Drive - Land O Lakes, Florida 34638		\$285,000
Property Lot 77 Bear Cove - Hasville, North Carolina 28904		\$70,000
Wells Fargo Advisors -SR 54 - Trinity, Florida 34655 (See Attached State	ment)	\$408,815.78
AXA Advisors - PO Box 1547 Secaucus, NJ 07096 (See Attached Stateme	The same of the sa	\$394,358.09
	Water Street	- NATIVE TO STATE OF THE STATE
PART C - LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		I AMOUNT OF LIABILITY
GTE Financial Credit Union 21827 SR 54 - Lutz, Florida 33549 (Mortgag	e)	\$99,409.16
Florida West Coast Credit Union 1225 Millennium Parkway - Brandon, Fl		\$16,642.48
Trinity Memorial Gardens 12609 Memorial Drive -Trinity, Florida 34655	33311	\$5,148.32
Timey, I fortida 54055		φυ,140.32
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
MA		
1011		
CE FORM 6 - Effective January 1, 2020 (Continued on reverse side) Incorporated by reference in Rule 34-8.002(1), F.A.C.		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		ADDRESS OF SOURCE OF INCOM		1 MANUAGE
NAME OF SOURCE OF INCOME EXCEEDING \$1		ADDRESS OF SOURCE OF INCOM		AMOUNT
Pasco County Tax Collector	14236 6th	Street #100 - Dade City, Fl	33523	\$152,571.36
SECONDARY SOURCES OF INCOME [Major custom	ners, clients, etc., of bu	sinesses owned by reporting person-	-see instruction	ons on page 5]:
	MAJOR SOURCES INESS' INCOME	ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
0110				
NA				
PART E – INTERE	STS IN SPECIFIE	D BUSINESSES [Instructions or	n page 6]	
BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSI	NESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	,			52
PRINCIPAL BUSINESS ACTIVITY	1//		194	20
POSITION HELD	MM		東	
I OWN MORE THAN A 5%	1		1	
NATURE OF MY				
OWNERSHIP INTEREST				TO TO
		TRAINING	30	- R 등 등
		cs training pursuant to section		W 10
☐ I CERTIFY THA	IT I HAVE COM	PLETED THE REQUIRED	IRAININ	G.
OATH	STATE COUN	OF FLORIDA POSCO		
I, the person whose name appears at the		to (or affirmed) and subscribed befor	e me by mea	ns of
beginning of this form, do depose on oath or affirmation Mphysical presence or 🔲 online notarization, this day of				
and say that the information disclosed on this form Tune, 20 20 by Michael Fasano				
and any attachments hereto is true, accurate,				
and complete. (Signature of Notary Public-State of Florida)				
Janet Ortz				
(Print, Type, or Stamp Commission Name of Notal Publicy STATE OF FLORIDA				
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Personally Known Personally Known Fyrigge 11/20/2021				
		f Identification Produced	Expires 11/	29/2021
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				
IF AIVE OF TAKES A THROUGH E A	VE COM I INORD	OH A SELAKALE SHEEL, FL	mande CIII	CK HERE

FORM 6 FULL AND PUBLIC DISCLOSURI	2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE NAME:	
Fasano Mike	
MAILING ADDRESS:	ea.
8537 Eagle Brook Drive	200
CITY: ZIP: COUNTY:	
Land O Lakes 34638 Pasco	
NAME OF AGENCY:	A-37
Pasco Tax Collector Office	PMI2:
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Tax Collector	
CHECK IF THIS IS A FILING BY A CANDIDATE	¥ 59
	84.
PART A – NET WORTH	
Please enter the value of your net worth as of December 31, 2019 or a more current dat culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see to	e. [Note: Net worth is not cal- he instructions on page 3.]
My net worth as of, 20 was \$	
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 \$ following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items 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 \$	1,000. This category includes any of the s; art objects; household equipment and
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000; 1400 miles Civic Park	VALUE OF ASSET
Athene Annuity and Life Company Des Moines, IA 50.16 (Annuity)	\$96,617.45
Knights of Columbus 1 Columbus Plaza New Haven, Conneticut 06510 (Annuity)	\$66,078.65
Knights of Columbus 1 Columbus Plaza New Haven, Conneticut 06510 (Annuity)	\$10,593.63
GTE Credit Union 21827 SR 54 Lutz, Florida 33549 (CDs & Savings)	\$21,031.05
PART C — LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MN 285 bell T	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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	Sunter:
CE FORM 6 - Effective January 1, 2020 (Continued on reverse side) Incorporated by reference in Rule 34-8.002(1), F.A.C.	PAGE 1

FORM 6	FULL AN	D PUBLIC	DISCLOSURE	2019
Please print or type your name, mailing address, agency name, and position be	OF FI	NANCIAL I	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — N				
Fasano Mi	ke			
MAILING ADDRESS:				
8537 Eagle Brook Drive	-			
				20
CITY:	ZIP:	COUNTY:		2020 JUN
Land O Lakes	34638	Pasco		
NAME OF AGENCY:				OFF COAL
Pasco Tax Collector Office NAME OF OFFICE OR POSITION	UELD OF SOLICE	11001494		S
Tax Collector	HELD OR SOUGHT:			3 P S
CHECK IF THIS IS A FILING BY A	CANDIDATE			20 m
CHECK IF THIS IS A FILING BY A	CANDIDATE			00
		PART A - NET V	VORTH	- A
Please enter the value of you	ir net worth as of [. [Note: Net worth is not cal-
culated by subtracting your n	eported liabilities fr	om your reported	assets, so please see th	e instructions on page 3.]
My net worth as of		20	was \$	
ing not worth do or _		, 20	was #	•
	Business and the second	A CONTRACTOR OF STREET		
		PART B - ASS	SETS	
HOUSEHOLD GOODS AND PERSONAL REPORTS OF THE PROPERTY OF THE PR		l in a lumn eum if their	r aggregate value evenede \$1	000. This category includes any of the
following, if not held for investme	ent purposes: jewelry; (collections of stamps.	guns, and numismatic items:	art objects; household equipment and
furnishings; clothing; other house	nold items; and vehicles	s for personal use, who	ether owned or leased.	
The aggregate value of my house	hold goods and person	nal effects (described a	bove) is \$	
ASSETS INDIVIDUALLY VALUED A DESCRIPTION OF	AT OVER \$1,000: F ASSET (specific des	cription is required -	see instructions p.4)	VALUE OF ASSET
AXA Advisors - PO Box 15				\$332,653.58
AXA Advisors - PO Box 15				\$152,496.64
AXA Advisors - PO Box 15	47 Secausus, NJ	07096 (See Attac	ched Statement)	\$51,051.88
Florida Retirment Services -	PO Box 5690	n, Florida 32	2241 (See Attached Sta	stement) \$235,524.88
		PART C - LIABI	LITIES	
LIABILITIES IN EXCESS OF \$1,000	(See instructions on ESS OF CREDITOR	page 4):		***************************************
TAME AND ADDIT	EGG OF GREDITOR			AMOUNT OF LIABILITY
ntha	66	0 = 4		
10/12	742	1003		
	See S			
JOINT AND SEVERAL LIABILITIES NAME AND ADDR	NOT REPORTED ABO	OVE:		A MOUNT OF LIABILITY
NAME AND ADDIT	EGG OF GREDITOR		200	AMOUNT OF LIABILITY
14 1/ 0				
10/12				
CE FORM & Ffrancis Inner 4 0000		/D		
CE FORM 6 - Effective January 1, 2020 Incorporated by reference in Rule 34-8.002(1), F.A.C.	(Continued on reve	rse side)	PAGE 1

FORM 6 FULL AND PUBLIC DISCLOSURE	2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	
Fasano Mike	
MAILING ADDRESS:	
8537 Eagle Brook Drive	
CITY: ZIP: COUNTY: Land O Lakes 34638 Pasco	20
Land O Lakes 34638 Pasco	20
Pasco Tax Collector Office	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :	+5 . C
Tax Collector	The Con
CHECK IF THIS IS A FILING BY A CANDIDATE	PH S
PART A - NET WORTH	**************************************
Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note	Alka .
culated by subtracting your reported liabilities from your reported assets, so please see the instri	uctions on page 3.]
My net worth as of, 20 was \$	
	Ol Value and the control of the later and the
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. Thi following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art obje furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	s category includes any of the cts; household equipment and
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
West Coast Credit Union 1225 Millennium Parkway Brandon, Florida 33511 (Savings)	\$9,348.39
Regions Bank 8407 Little Road New Port Richey, Florida 33464 (Checking)	\$1,195.00
Regions Bank 8407 Little Road New Port Richey, Florida 33464 (Savings)	\$2,991.36
Sun Trust Bank Land Lakes Blvd Land Lakes, Florida 34638 (Savings)	\$3,423.56
PART C – LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	H
S2 1 ST has	
3	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	AMOUNT OF LIABILITY
noto	
10/10	
CE FORM 6 - Effective January 1, 2020 (Continued on reverse side) Incorporated by reference in Rule 34-8.002(1), F.A.C.	PAGE 1

FORM 6 FULL AND PUBLIC DISCLO	OSURE 2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERE	
LAST NAME — FIRST NAME — MIDDLE NAME:	
Fasano Mike	22 2
MAILING ADDRESS:	020
8537 Eagle Brook Drive	
	RECEIVE PH 2020 JUN 8 PH
CITY: ZIP: COUNTY:	- A 17
Land O Lakes 34638 Pasco	70 7
NAME OF AGENCY :	OD: HA SON THE A
Pasco Tax Collector Office	94 H
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Tax Collector	
	S.
CHECK IF THIS IS A FILING BY A CANDIDATE	
PART A - NET WORTH	
	warment data. Philip his a single sin
Please enter the value of your net worth as of December 31, 2019 or a more culated by subtracting your reported liabilities from your reported assets, so please	ease see the instructions on page 3.]
My net worth as of, 20 was \$	
	•
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following if not held for investment authorized and large and respect to the second	e exceeds \$1,000. This category includes any of the
following, if not held for investment purposes: jewelry; collections of stamps, guns, and numi furnishings; clothing; other household items; and vehicles for personal use, whether owned or le	smatic items; art objects; household equipment and eased.
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 instruction)	s p.4) VALUE OF ASSET
2015 Hyundai Genesis - Personal Vehicle - listing per Commission Staff 0	
	φ10,000
PART C - LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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246 Lals T	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	I AMOUNT OF LIABILITY
NIA	
1 VIA	<u> </u>
CE FORM 6 - Effective January 1, 2020 (Continued on reverse side)	PAGE 1
Incorporated by reference in Rule 34-8.002(1), F.A.C.	IAGET