

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Fasano Mike

4-72582

MAILING ADDRESS:

8537 Eagle Brook Drive

CITY:

Land O Lakes

ZIP:

34638

COUNTY:

Pasco

NAME OF AGENCY:

Pasco Tax Collector Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
2020 JUN -8 PM 12:59
BRIAN E. CARLEY
SUPERVISOR OF ELECTIONS
DIVISION
TALLAHASSEE, FLORIDA

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 \$ 2,085,030.

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 \$ 65,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions 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 Statement)	\$408,815.78
AXA Advisors - PO Box 1547 Secaucus, NJ 07096 (See Attached Statement)	\$394,358.09

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GTE Financial Credit Union 21827 SR 54 - Lutz, Florida 33549 (Mortgage)	\$99,409.16
Florida West Coast Credit Union 1225 Millennium Parkway - Brandon, FL 33511	\$16,642.48
Trinity Memorial Gardens 12609 Memorial Drive -Trinity, Florida 34655	\$5,148.32

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

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
Pasco County Tax Collector	14236 6th Street #100 - Dade City, FL 33523	\$152,571.36

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			

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	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

RECEIVED
 2020 JUN - 8 P 12: 59
 SUPPLEMENTAL COLLECTOR
 DATED 6/11/2020

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.

STATE OF FLORIDA
 COUNTY OF Pasco
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 5th day of
June, 2020 by Michael Fasano
 (Signature of Notary Public--State of Florida)
 Janet Ortiz
 (Print, Type, or Stamp Commission Name or Notary Public)
 NOTARY PUBLIC
 STATE OF FLORIDA
 Commission # 00130002
 Expires 11/29/2021
 Personally Known _____
 Type of Identification Produced _____



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Fasano Mike

MAILING ADDRESS:

8537 Eagle Brook Drive

CITY:

Land O Lakes

ZIP:

34638

COUNTY:

Pasco

NAME OF AGENCY:

Pasco Tax Collector Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Tax Collector

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RECEIVED
 2020 JUN -8 PM 12:59
 BRIAN E. CARLEY
 SUPERVISOR OF ELECTIONS
 DADE CITY, FLORIDA

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 _____, 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 \$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
Athene Annuity and Life Company 1111 Des Moines, IA 50316 (Annuity)	\$96,617.45
Knights of Columbus 1 Columbus Plaza New Haven, Connecticut 06510 (Annuity)	\$66,078.65
Knights of Columbus 1 Columbus Plaza New Haven, Connecticut 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
N/A SEE PAGE 1	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Fasano Mike

MAILING ADDRESS: 8537 Eagle Brook Drive

CITY: Land O Lakes ZIP: 34638 COUNTY: Pasco

NAME OF AGENCY: Pasco Tax Collector Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE [X]

RECEIVED 2020 JUN -8 PM 1:00 PRINCE CORLEY SUPERVISOR OF ELECTIONS DADE CITY, FLORIDA

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 _____, 20____ was \$ _____.

PART B - ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Rows include AXA Advisors - PO Box 1547 Secausus, NJ 07096 (See Attached Statement) with values \$332,653.58, \$152,496.64, and \$51,051.88. Also includes Florida Retirement Services - PO Box 5690 Secausus, Florida 32241 (See Attached Statement) with value \$235,524.88.

PART C - LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Handwritten entry: N/A SEE PAGE 1.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Handwritten entry: N/A.

OF FINANCIAL INTERESTS

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

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Fasano Mike

MAILING ADDRESS:
8537 Eagle Brook Drive

CITY: **Land O Lakes** ZIP: **34638** COUNTY: **Pasco**

NAME OF AGENCY:
Pasco Tax Collector Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Tax Collector

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 2020 JUN -8 PM 00
 BRIAN E. GONALY
 SUPERVISOR OF ELECTIONS
 PASCO COUNTY, FLORIDA

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.]

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PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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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
<i>See 1st page</i>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

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

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8537 Eagle Brook Drive

CITY: ZIP: COUNTY:
Land O Lakes 34638 Pasco

NAME OF AGENCY:
Pasco Tax Collector Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Tax Collector

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RECEIVED
 2020 JUN -8 PM 1:00
 BRIAN L. CORLEY
 SUPERVISOR OF ELECTIONS
 DADE COUNTY, FLORIDA

PART A – NET WORTH

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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
2015 Hyundai Genesis - Personal Vehicle - listing per Commission Staff 05/28/19	\$16,000

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	