

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:
Stringfellow Joshua Matthew

MAILING ADDRESS:
15434 Pepper Pine Court

CITY : ZIP : COUNTY :
Land O Lakes 34638 Pasco

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Pasco County School Board Member District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -8 PM 3:07
 BRIAN E. CORLEY
 SUPERVISOR OF ELECTIONS
 LAND O' LAKES, 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 May 19, 20 20 was \$ 77,830.45.

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 \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence at 15434 Pepper Pine Court, Land O Lakes, FL 34638	238,355
2016 Chevrolet Impala	12,357
2013 Dodge Journey	5,501
Checking and Savings Cash Balances	11,062.91

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Mortgage on Residence <u>22711 State Road 54, Land O Lakes FL 34639</u>	144,976.38
Student Loans with Myfedloan <u>Department of Education - FedLoan Servicing</u> <u>P.O. Box 790234, St. Louis, MO 63179</u>	33,831.68

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Auto Loan on 2016 Chevrolet Impala <u>22711 State Road 54</u> <u>Land O Lakes FL 34639</u>	10,637.40

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 Schools	7227 Land O Lakes Blvd Land O Lakes 34638	49,598.50
Pasco County Government	PO Box 1554 Dade City, FL 33526	29,993.60

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	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			

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 SUPERVISOR OF ELECTIONS
 LAND O LAKES, FLORIDA
 CORLEY

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

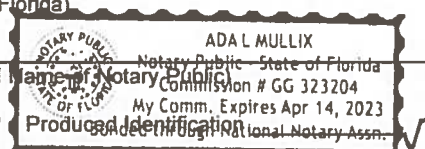
physical presence or online notarization, this 5 day of

June, 2020 by Adam Mullix & Joshua M. Stringfellow

(Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

ADA L MULLIX
 Notary Public - State of Florida
 Commission # GG 323204
 My Comm. Expires Apr 14, 2023
 Personally Known _____ OR _____
 Type of Identification Produced FL DL



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

Part D – Income (continued)

<u>NAME OF SOURCE OF INCOME EXCEEDING \$1,000</u>	<u>ADDRESS OF SOURCE OF INCOME</u>	<u>AMOUNT</u>
University of South Florida	4202 Fowler Ave, Tampa FL 33620	10,746.88

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