

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:  
**RECEIVED**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Wittwer – Shannon - Jean

22 JUN 14 PM 4:39

MAILING ADDRESS:

BRIAN E CORLEY  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, FLORIDA

13553 SR 54, #87, ODESSA, FL 33556

ODESSA 33556

CITY ZIP COUNTY :Pasco

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Pasco County Commissioner – District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2021 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 June 9th, 2022 was \$ \$414,751.00

**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 \$638,749.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home	563,200.00
Truck	35,570.00
Jeep	30,000.00
Trailer	100.00
Kitchen	3000.00
Living room	1000.00
Dining room	500.00
Office	900.00



Bedrooms	1500.00
Regions account	1685.00
Suncoast account	294.00
Lawn Mower	1,000.00

RECEIVED  
22 JUN 14 PM 4:39  
BRIAN E CORLEY  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, FLORIDA

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Angel Oak Home Loans – 980 Hammond Dr., Ste. 200, Atlanta GA 30328	191,000.00
AES (student loan) – 1200 N. 7 <sup>th</sup> St., Harrisburg, PA	10,998.00
Sun Coast Federal Credit Union (truck loan) – P.O Box 11638, Tampa, FL 33680-1638	22,000.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.

[If you check this box and attach a copy of your 2021 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
Bay Area Disaster Team Corp.	13553 SR 54, #87, Odessa, FL 33556	42,336.00

**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	Bay Area Disaster Team Corp.	<div style="text-align: center;"> <p><b>RECEIVED</b></p> <p>22 JUN 14 PM 4:39</p> <p>BRIAN F. CORLEY SUPERVISOR OF ELECTIONS NEW PORT RICHEY, FLORIDA</p> </div>	
ADDRESS OF BUSINESS ENTITY	13553 SR 54, #87, Odessa FL 33556		
PRINCIPAL BUSINESS ACTIVITY	Construction/Insurance estimates		
POSITION HELD WITH ENTITY	P/V/T/S		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner		

**PART F - TRAINING**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

COUNTY OF

Pasco

STATE OF FLORIDA

I, the person whose name appears at the \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me by means of beginning of this form, do  
 depose on oath or affirmation  physical presence or  online notarization, this 14<sup>th</sup> day of and say that the  
 information disclosed on this form  
 and any attachments hereto is true, accurate,  
 and complete.

June, 2022 by Shannon Wittwer

*[Signature]*  
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

*[Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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**