FORM 6 FULL AND PUBLIC DISCLOSUR			
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTERESTS	RECEIVED		
LAST NAME — FIRST NAME — MIDDLE NAME:	8 JUN 19 AM 9: 12		
1110016			
MAILING ADDRESS:	SUPERVISOR OF ELECTIONS		
27401 water ash dr.	W PORT RICHEY, FLORIDA		
Wesley chapel 33544 Pasco COUNTY:			
NAME OF AGENCY :	ar ješe i josti, i ješe		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			
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, 2017 or a more current d culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see	ate. [Note: Net worth is not cal- e the instructions on page 3.]		
My net worth as of <u>December 31</u> , 20 17 was \$ 99	13,334		
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 ite furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	s \$1,000. This category includes any of the ms; art objects; household equipment and		
The aggregate value of my household goods and personal effects (described above) is $\$$	19,000		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required, see instructions p.4)	VALUE OF ASSET		
Spe Allached			
J C ATTACKEY			
	rostosco Calguratora Call Article		
	personal and the second of		
PART C LIABILITIES			
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY		
See Attached			
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	100000000000000000000000000000000000000		
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY		
A			

(Continued on reverse side)

PAGE 1

CE FORM 6 - Effective January 1, 2018 Incorporated by reference in Rule 34-8.002(1), F.A.C.

	_	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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]						
PRIMARY SOURCES OF INCOM	•	ge 5):	ADDRESS OF SOURCE OF MA	COME 1	AMOUNT	
NAME OF SOURCE OF INCOM			ADDRESS OF SOURCE OF INC	COME	AMOUNT	
Sec Att	ached			·		
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:						
NAME OF	NAME OF MAJOR OF BUSINESS'	R SOURCES	JRCES ADDRESS PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS'	.INCOME	OF SOURCE	^^	J OF SOURCE	
	$\perp$ / $\nu$		1			
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]						
	BUSINESS ENTITY		BUSINESS ENTITY # 2	•	ESS ENTITY # 3	
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	/)	/ /	1	;		
POSITION HELD	<del>-/ //</del>	<del>-/- </del>				
WITH ENTITY  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<del>//</del>				
INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST						
		PART F	- TRAINING			
	-	e annual etl	thics training pursuant to se			
<b>A</b>	CERTIFY THAT I H	IAVE CON	MPLETED THE REQUIR	ED TRAINING		
OA	TH		TE OF FLORIDA POSCO			
I, the person whose name appe			rn to (or affirmed) and subscribed t	before me this	d day of	
beginning of this form, do depos		().	une . 20 18 by		uuy oi	
and say that the information dis		7	phone / Sa-s	1105 ks		
and any attachments hereto is t	true, accurate,	(Sign	nature of Notary PublicState If Fl	orida) REBECC	A L SARZYNSKI	
and complete.			becca L. Sarunsh		ic - State of Florida	
	>	,	nt, Type, or Stamp Commissioned	Bonded through N	xpires Apr 13, 2022	
SIGNATURE	OFFICIAL OF COME		onally Known	ucen Idenfific		
SIGNATURE OF REPORTING			ey in good standing with the Flor	rida Bar processi	this form for your be an	
If a certified public accountant she must complete the following	•	, or attorne	יי איט אונה זופ אונה זופ דוס איז	Dar prepared	and form for you, ne or	
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	e		<del></del>	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

## Form 6 Part B Assets

Cash USF Federal Credit Union	\$93,080
CD USF Federal Credit Union	\$50,469
Cash Bank of America	\$7,648
Estimated value Florida Prepaid College Plan	\$32,643
Estimated value Capital One Sharebuilder, Inc. Securities	\$39,301
Estimated value J.W. Cole Financial Securities	\$23,081
Estimated value J.W. Cole Financial IRA	\$44,248
Estimated value Provident Life Insurance CV	\$4,410
Estimated value Jackson Life Annuity	\$9,385
Estimated value Innovative Advisory Partners, Inc. stock 100%	\$193,000
Estimated value 2012 Jeep Wrangler 38,768 miles	\$22,829
Estimated value 2017 Thor Motor Coach 2,350 miles	\$123,459
Estimated value 2006 Sea N Sport Boat with 50HP Mercury	\$4,069
Estimated value 2006 EZ GO 4 Seat Golf Cart	\$1,954
Estimated value Primary Residence 27401 Water Ash Dr. Wesley Chapel, FL 33544	\$583,036
Estimated value FRS Investment Plan Account	\$34,193
Estimated value Coinbase Account Ethereum, Litecoin	\$1,604
Total	\$1,268,409

## Form 6 Part C Liabilities

Wells Fargo Home Mortgage PO Box 660278 Dallas, TX 75266 (primary residence) \$478,120

Bank of the West PO Box 4024 Almeda, CA 94501 (Motor Coach) \$115,955

TOTAL \$594,075

BRIANE CORLEY

Part D – Income

Pasco County BOCC 38053 Live Oak Ave, Dade City, FL 33523

\$82,910

Innovative Advisory Partners, Inc. 27401 Water Ash Dr Wesley Chapel, FL 33544

\$86,519

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18 JUN 19 AM 9: 12

BRIAN E CORLEY

BRIAN E CORLEY