

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

RECEIVED 2017

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

FOR OFFICE USE ONLY:
18 JUN 20 PM 3:36

**BRIAN E CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA**

LAST NAME — FIRST NAME — MIDDLE NAME:
WELLS, MICHAEL DENNIS

MAILING ADDRESS:
9330 EDISTRO PL,

CITY: **NEW PORT RICHEY** ZIP: **34654** COUNTY: **PASCO**

NAME OF AGENCY:
PASCO BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
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, 2017 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 2017 was \$ 227,280.

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 \$ 167,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2018 23FT SHOAL WATER BOAT, MOTOR AND TRAILOR ESTIMATED	70,000
RESIDENCE AT 9330 EDISTRO PL, NEW PORT RICHEY, FL 34654 ESTIMATED	226,000
FLORIDA PREPAID COLLEGE	11,884

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SLS MORTGAGE, 8742 LUCENT BLVD, LITTLETON, CO 80129	173,454
TD BANK HOME EQUITY LINE, PO BOX 8400, LEWISTON, ME 04243	57,754
2015 GMC SIERRA, BANK OF AMERICA, PO BOX 45144 JACKSONVILLE, FL 32231	16,396

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 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 INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHED SCHEDULE		

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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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

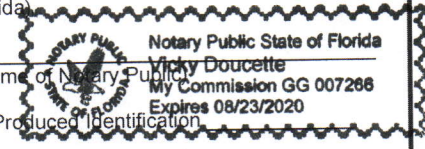
Sworn to (or affirmed) and subscribed before me this 20th day of

June, 20 18 by Michael Wells

Vicky Doucette
 (Signature of Notary Public--State of Florida)

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

Personally Known X OR Produced Identification



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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, GEORGE M. STOND, CPA, 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.

George M. Stond, CPA
 Signature

6-20-18
 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

MICHAEL DENNIS WELLS
FORM 6
PART D
2017

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NEW PORT RICHEY, FLORIDA

PRIMARY SOURCES OF INCOME:

- 1) PASCO COUNTY BOARD OF COUNTY COMMISSIONERS 38053 LIVE OAK AVE, DADE CITY, FL
38523 \$82,064
- 2) F I GREY & SON RESIDENTIAL INC 6330 US HWY 19, NEW PORT RICHEY, FL 34652 \$4,082
- 3) C M T ENTERPRISES, INC. 9330 EDISTRO PL, NEW PORT RICHEY, FL 34654 \$1,518