

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2017

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

## OF FINANCIAL INTERESTS

RECEIVED FOR OFFICE USE ONLY:

18 JUN 18 PM 5:03

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Smith Kelly Michele

MAILING ADDRESS:

PO Box 1437

CITY:

Land O Lakes

ZIP:

34639

COUNTY:

Pasco

NAME OF AGENCY:

Pasco County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 2

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 June 17, 20 18 was \$ 47,103.

## 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 \$ 0

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
3537 Fortingale Dr. Wesley Chapel FL 33543	\$ 226,513
401K (Vanguard)	\$ 22,655
2017 Jeep Renegade Sport	\$ 6,218
2013 Kia Sorento	\$ 3,613

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Quicken Loans PO Box 442359 Detroit MI 48244	\$ 170,036
Navient PO Box 9533 Wilkes-Barre PA 18773	\$ 23,456
Wells Fargo PO Box 25341 Santa Ana CA 92799	\$ 7,560
Mid FL Credit Union PO Box 8008 Lakeland FL 33802	\$ 10,844

## 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
ATKINS North America	4030 W Bay Scout Blvd Tampa 33602	\$160,722

### 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			

## 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 18<sup>th</sup> day of

June, 2018 by Kelly Smith  
Rebecca L Sarzynski  
(Signature of Notary Public--State of Florida)

Rebecca L Sarzynski  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
REBECCA L SARZYNSKI  
Notary Public - State of Florida  
Commission # GG 193272  
My Comm. Expires Apr 13, 2022

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

Type of Identification Produced Driver's License

K M Smith  
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 ☐