

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

RECEIVED

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

FOR OFFICE USE ONLY:  
2020 APR 20 PM 12:01

LAST NAME — FIRST NAME — MIDDLE NAME:  
Dittmer Robert Gregory

MAILING ADDRESS:  
County Justice Center

14250 49th Street N. Chambers 20

CITY: Clearwater ZIP: FL COUNTY: Pinellas

NAME OF AGENCY:  
State of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
County Court Judge, Group 14

CHECK IF THIS IS A FILING BY A CANDIDATE

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

**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 March 16, 20 20 was \$ 411,722.24

**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 \$ 107,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Regions Lifegreen Checking	11,894.00
Capital One 360 Savings	10,306.00
TD Ameritrade IRA Savings	19,220.81
Florida Prepaid College	14,245.00

**PART C — LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Virgina Dittmer, 1948 Clarendon Rd., Clearwater, FL 33763	3,073.65
Chase Mortgage, PO Box 9001871, Louisville, KY 40290	223,149.00
Regions Bank, 1908 Fifth Ave. N., Birmingham, AL 35203	13,424.00
Wayne & Joyce McKinney, 1956 Marlinton Way, Clearwater, FL 33763	12,801.34

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D – INCOME**

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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.]

SUPERVISOR OF ELECTIONS  
 ELECTION SERVICE CENTER

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	500 S. Duval St., Tallahassee, FL 32339	151,822.00
SkyVista Productions, LCC	Protected home address	15,800.00

**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
SkyVista Productions,	Canopy Advertising	see continued	Advertising
Sky Vista Productions,	Service Corp. International	see continued	Advertising

**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.

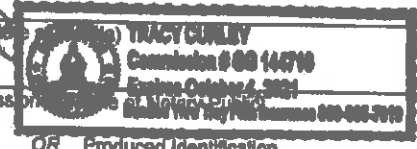
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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 Pinellas  
 Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 6th day of

April, 2020 by Tracy Curley  
Tracy Curley  
 (Signature of Notary Public - State of Florida)



(Print, Type, or Stamp Commission Number and Expiration Date)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

[Signature]  
 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

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**PART B – ASSETS continued**

DESCRIPTION OF ASSET	VALUE OF ASSET
Azlo Checking	507.24
Marcus Savings	19,041.00
Home	481,956.18

**PART D – INCOME continued**

**SECONDARY SOURCES OF INCOME**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		828 East Blvd. Charlotte, NC 28203	
		1929 Allen Parkway Houston, TX 77019	