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SUPERVISOR OF ELECTIONS
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PART D - INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. (1) 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 W2s, 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.)

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Bark Life Inc	10720 Park Blvd, Seminole, FL 33772	39,400.00
Bark Life Franchise LLC	12020 5 th Sts, Trussard, FL 33726	19,000

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 SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART E - INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Bark Life Inc	Bark Life Franchise LLC	
ADDRESS OF BUSINESS ENTITY	10720 Park Blvd, Seminole, FL 33772	12020 5 th Sts, T.I., 33726	
PRINCIPAL BUSINESS ACTIVITY	Pet Food Retailer	Franchiser	
POSITION HELD WITH ENTITY	Vice Pres.	Pres.	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	Orig. Owner	Orig. Owner	

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.

Tammy Sue Vasquez
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed), and subscribed before me by means of physical presence or online notarization, this 3rd day of

June, 2020 by Tammy Sue Vasquez
Wendy C. Creamer
(Signature of Notary Public, State of Florida)

WENDY C. CREAMER
NOTARY PUBLIC #00361493
EXPIRES October 4, 2022

Personally Known OR
Type of Identification Produced #BG 265198

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 8 in accordance with Art II, Sec 8 Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to this 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 C - Liabilities - Continued

Name and Address of Creditor	Amount of Liability
SBA 409-3 rd St. S.W. Washington DC, 20416	a 75,000 --
VW Credit P.O. Box 3 Hillsboro, OR 97123	b 1420.00 --