

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**RECEIVED 2019**

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

FOR OFFICE USE ONLY:

2020 JUN -8 PM 12:06

**SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER**

LAST NAME — FIRST NAME — MIDDLE NAME:  
 Helm Dan Charles Halley

MAILING ADDRESS:  
 8851 US Hwy. 19 N. #2322

CITY : ZIP : COUNTY :  
 Pinellas Park 33782 Pinellas

NAME OF AGENCY :  
 Supervisor of Elections -Pinellas

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Supervisor of Elections

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, 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 May 27, 20 20 was \$ 0

**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 \$ 27,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Account: USAA Checking	17,088
Bank Account: BOA Savings	38,842
Bank Account: BB&T Checking	123,028
Disney Stock	1224

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
US Department of Education, PO Box 82561, Lincoln, NE 68501	232,732
Automobile Loan- USAA , 9800 Fredericksburg Rd, San Antonio TX 78288	28,480
Automobile Loan - Bank of America, PO Box 15220, Wilmington, DE 19886	16,593
Emory University C/O Heartland E.C.S.I., PO Box 1278 Wexford, PA 15090	4358

**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 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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Kaplan Inc.	900 North Point Parkway Ste. 250, Alpharetta, GA 30005	57,521

**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	Dan Helm Law Practice		
ADDRESS OF BUSINESS ENTITY	PO Box 141502 Orlando, FL 32814-1502		
PRINCIPAL BUSINESS ACTIVITY	Legal Practice		
POSITION HELD WITH ENTITY	Sole Proprietor		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100% Business Owner		
NATURE OF MY OWNERSHIP INTEREST	Sole Proprietor		

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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 Pinellas  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 27 day of

May, 2020 by Dan Helm  
 (Signature of Notary Public--State of Florida)

Dan Helm  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Julie K. Marcus  
 (Print, Type, or Stamp Commission # GG 210367)  
 Expires September, 2022  
 Personally Known  Produced Identification   
 Type of Identification Produced FL DL

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