

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2019

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

## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

2020 JUN 12 AM 10:55

LAST NAME — FIRST NAME — MIDDLE NAME:

SAPORAS Joseph H

MAILING ADDRESS:

13779 Park Blvd #309

SEMI MOBILE

33776

Pinal

CITY:

ZIP:

COUNTY:

Tax collector

NAME OF AGENCY:

Tax collector

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Tax collector

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 Dec 31, 2019 was \$ 15,000

## 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 \$ 15,000

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

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)

VALUE OF ASSET

Household furniture

2000.00

Artwork - Signed &amp; Numbered ART posters

5000.00

Auto - 2005 Lexus LS 430

7,000

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

# 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
Attached Part D		

## 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
NONE			

# PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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.

[Signature]  
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 12 day of

JUNE 20 2020 by JOSEPH SAPIETAS

MYRNA LIZ LEBRON  
(Signature of Notary Public--State of Florida)

MYRNA LIZ LEBRON  
(Print, Type, or Stamp Commissioned Notary Public)  
Commission # GG 980092  
My Commission Expires April 20, 2024

Personally Known ☐ OR 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 ☒

**Part D   Income Statement   12/31/2019**

**Joseph Saportas**

**Delta Dental Insurance Co.**

**\$ 6.00**

**560 Mission St. Ste 1300**

**San Francisco, CA 94105**

**Aetna Life Insurance Co.**

**\$2088.**

**1425 Union Meeting Road**

**Blue Bell, PA 19422-1919**

**Social Security Admin**

**\$20490.**

**1425 Rev. Abraham Woods, Jr Blvd**

**Birmingham, AL 35285-0001**

**UnitedAmerican Insurance Co**

**\$200.**

**PO Box 8080**

**McKinney, TX 75070**

**UnitedHealthcare Ins.**

**\$7120.**

**PO Box 1459**

**Minneapolis, MN 55440-1459**

**Healthcare Solutions Team LLC**

**\$4682.**

**1900 S. Highland Ave Ste. 203**

**Lombard, IL 60148**

**SN Servicing Corp.**

**\$3000.**

**PO Box 86359**

**Baton Rouge, LA 70816**

**Humana**

**\$796.**

**PO Box 14750**

**Lexington, KY 40512**

**David Straz for Mayor**

**\$848.**

**1106 N Franklin St. Tampa, FL 33602**

**RECEIVED**  
**Dated: June 10, 2020**  
**2020 JUN 22 AM 10:55**  
**SUPERVISOR OF ELECTIONS**  
**ELECTION SERVICE CENTER**