FORM 6 FULL AND PUBLIC DISCLO	OSURE	EUE 2019
Please print or type your name, mailing address, agency name, and position below:	STS 2028	OFFICE HSPONLY 42
LAST NAME — FIRST NAME — MIDDLE NAME: Hart Anthony	SUPER' ELECT	VISOR OF ELECTION ION SERVICE CENTER
MAILING ADDRESS: 3638 14th Ave South		
CITY: ZIP: COUNTY: St Petersburg 33711 Pinellas		
NAME OF AGENCY: Pinellas County Commission		
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Pinellas County Commissioner, District 7		
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORTH	a	
Please enter the value of your net worth as of December 31, 2019 or a more culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so	current date. [Note: Note: Not	Net worth is not cal- ons on page 3.]
My net worth as of <u>December 31</u> , 20 <u>19</u> was \$ <u>5</u>	\$27,000.00	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate various following, if not held for investment purposes: jewelry; collections of stamps, guns, and nuturnishings; clothing; other household items; and vehicles for personal use, whether owned on	or leased.	ategory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is $\$$	35,000.00	1
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ions p.4)	VALUE OF ASSET
N/A		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
Carmax Auto 2550 Roosevelt Boulevard Clearwater Fl 33760		\$10,000.00
Home Depot 2300 22nd Ave South St. Petersburg Fl 33713		\$300.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
N/A		
		t .

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 INCOM			4DDDE00 0F 0	OUDGE OF INCOME	1	AMOUNT	
NAME OF SOURCE OF INCOME EXCEEDING \$1,000			ADDRESS OF SOURCE OF INCOME 33 22nd Street S St Pete FI 33712			\$35.000.00	
Parker Financial Service	} S	833 ZZNO	Street S St	Pele FI 337 12		\$55.000.00	
SECONDARY SOURCES OF INC	OME [Major customers, cli	ents, etc., of bu	sinesses owned	by reporting personse	e instruction	ns on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	R SOURCES		ADDRESS F SOURCE	, F	PRINCIPAL BUSINESS CTIVITY OF SOURCE	
N/A	N/A		N/A		N/A		
N/A	N/A		N/A		N/A		
PA	RT E INTERESTS II	N SPECIFIE	D BUSINESSE	S [Instructions on]	page 6]		
	BUSINESS ENTITY		BUSINESS			IESS ENTITY # 3	
NAME OF BUSINESS ENTITY	V/A	N	I/A		N/A		
ADDRESS OF BUSINESS ENTITY	ì						
PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD							
WITH ENTITY I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST	V		`	V	-15-15-22-26-20-5	~	
		PART F -	TRAINING				
For officers	s required to complete	e annual eth	ics training pu	rsuant to section	112.3142,	F.S.	
	CERTIFY THAT I H	IAVE COM	PLETED TH	E REQUIRED T	RAINING	9.	
	STATE OF FLORIDA						
OATH COUNTY OF PINCHAS						7	
		COUN	TY OF	DINCHES	me hy mear	os of	
I, the person whose name appear	ars at the	COUN Swore	TY OF	and subscribed before	me by mear	is of	
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