FORM 6 FULL AND PUBLIC DISCLO	OSURE	2021_		
Please print or type your name, mailing address, agency name, and position below:	STS REFOR	OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME:	2022 JUN 13	PM [2: 08		
MAILING ADDRESS:	SUPERVISOR L ELECTION SER			
EL VILLEMA DE VILLE		AIOT DENIER		
St. Peters burn FL 33705 Pinellas				
Pinellas Country School Board				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
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, 2021 or a more culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so p  My net worth as of	lease see the instruction			
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 \$				
See attachment				
DADE C. LIADII FEYEC				
PART C LIABILITIES  LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
See attachment				
Ti.				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
See attachment				

		PART D INCOME	050	film to 3 77m on	
Identify each separate source a	and amount of income which exce	eeded \$1,000 during the year, includ	ling secondary source	s of income. Or attach a complete	
copy of your 2021 federal incor	me tax return, including all W2s, aw requires these documents be	schedules, and attachments. Pleas posted to the Commission's websit			
I — ``			LULL JUN	3 PM 12: 08	
I elect to file a copy of r	ny 2021 federal income tax retui nd attach a copy of your 2020 ta	n and all W2's, schedules, and atta x return, you need not complete the	ADIANCINO.	,	
	OME (See instructions on page		ELECTION SF	RVICE CENTER	
NAME OF SOURCE OF INC		ADDRESS OF SOUR	CE OF INCOME	AMOUNT	
Parll - C. 1	School Board	301 Fourth ST	SW lovan t	2 3370 47,8063	
Tinellas County	School Loans	SUL TOURING SE	in curry,	- Tijovon	
SECONDARY SOURCES OF I		ts, etc., of businesses owned by re			
NAME OF BUSINESS ENTITY	NAME OF MAJOR S OF BUSINESS' IN		RESS DURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
See attachme	1				
212 20 100 111 150					
***************************************		ODE CHEVED DAIGHNESCHO II		. (1	
1		SPECIFIED BUSINESSES [In			
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTIT	1 1 1 1	BUSINESS ENTITY # 3	
BUSINESS ENTITY	Not applicable	Not apply	cable 1	NOT applicable	
ADDRESS OF BUSINESS ENTITY	/ -			V.5	
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD					
I OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS NATURE OF MY					
OWNERSHIP INTEREST					
		PART F - TRAINING			
This section applies only to	officers required to complete	e annual ethics training pursuan	t to section 112.314	12, F.S. [See instructions p. 6]	
□ □	I CERTIFY THAT I HA	VE COMPLETED THE R	EQUIRED TRA	INING.	
	AMET	STATE OF FLORIDA			
U O	ATH	COUNTY OF Pine			
I, the person whose name app	pears at the	Sworn to (or affirmed) and su			
beginning of this form, do dep	ose on oath or affirmation	physical presence or	online notarization, th	nis day of	
and say that the information disclosed on this form					
and any attachments hereto is true, accurate, WENDY GRIMES					
and complete. (Signature of Notary PublicState of Florida 5 Commission # GG 279988					
My Comm. Expires Jan 26, 2023					
(Print, Type, or Stamp Commissioned Name of Nortaled Physical National Notary Assn.					
Personally Known OR Produced Identification					
SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDATE	Type of Identification Produce	ed		
		or attorney in good standing wit	h the Florida Bar pre	epared this form for you, he or	
she must complete the follow	mny statement.	, prepared the CE Form 6 in acc	cordance with Art II	Sec. 8 Florida Constitution	
Section 112.3144. Florida Sta	atutes, and the instructions to	, prepared the CE Form 6 in act the form. Upon my reasonable kr	nowledge and belief	, the disclosure herein is true	
and correct.					
Signatu				D-1-	
				Date	
Preparation of this form	by a CPA or attorney do	es not relieve the filer of the		sign the form under oath.	

## Caprice Johnson Edmond P.O. Box 35295

RECEIVED

## St. Petersburg, FL 33705 2022 JUN 13 PM I2: 08

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS IS UN UN SERVICE CENTER

## PART B- ASSETS

Caprice Inc. Fifth Third Bank Business Account	\$ 3,030
Caprice Edmond 431 28th Ave S St. Petersburg, FL 33705	\$299,747
Automobiles 2013 Dodge Caliber 2010 Mercedes-Benz ML350	\$ 1,500 \$ 5,500
Cash/Bank Account Wells Fargo Personal Account	\$ 2,426
AIG Retirement Services	\$ 7,501
Total Assets	\$319,704
PART C- LIABILITIES	
Caprice Edmond Fifth Third Bank Mortgage PO Box 630412 Cincinnati, OH 45263-5300	\$55,160
Fifth Third Bank Mortgage PO Box 630412	\$55,160 \$104,653
Fifth Third Bank Mortgage PO Box 630412 Cincinnati, OH 45263-5300  Fedloan Servicing P.O. Box 69184	

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## PART D- INCOME

2022 JUN 13 PM 12: 08

Secondary Sources of Income

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

Name of Business Entity	Name of Major Sources of Business	Address of Source	Principal Business Activity of Source
Caprice Inc.	Trism Pond	3819 15th Ave S St. Petersburg, FL 33711	Rental Property
Caprice Inc.	Tequila Hutchins Charlee Blythe, John Palmeiri	2135 44th ST S. St. Petersburg, FL 33711	Rental Property
Caprice Inc.	Carmen Coach	3466 15th Ave S St. Petersburg, FL 33711	Rental Property
Caprice Inc.	Joseph Dames	4653 Queensboro Ave S. St. Petersburg, FL 33711	Rental Property

**PART E** 

Not applicable

NET WORTH \$29,869