

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

RECEIVED

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

DeCorte Brad Scott

2022 JUN 16 PM 3:15

MAILING ADDRESS:

30725 US Hwy. 19 N #209

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

CITY :

Palm Harbor

ZIP :

34684

COUNTY :

Pinellas

NAME OF AGENCY :

Pinellas County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

District 2, PINELLAS COUNTY SCHOOL BOARD

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 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 12/31, 20 21 was \$ 142,970.04.

**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 \$ 26,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Stocks/Bonds (Fidelity Investments)	\$12,043.84
Deferred Retirement Option Program	\$3,293
Bonds (Valic Financial Advisors)	\$85,000
403B (AIG Retirement Services)	\$16,633.20

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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 2021 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.

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I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2021 tax return, you need not complete the remainder of Part D.]

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

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

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Rows include Pinellas County Schools and Regents of the University of California.

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains N/A.

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

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Rows include NAME OF BUSINESS ENTITY, 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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

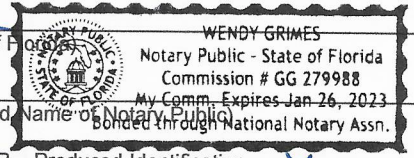
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 16 day of June, 2022 by Brad S. DeCorte

(Signature of Notary Public--State of Florida) Wendy Grimes



(Print, Type, or Stamp Commissioned Name of Notary Public) WENDY GRIMES Notary Public - State of Florida Commission # GG 279988 My Comm. Expires Jan 26, 2023 Bonded through National Notary Assn.

Signature of Reporting Official or Candidate: Brad S. DeCorte

Personally Known OR Produced Identification (checked) 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