

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

FOR OFFICE USE ONLY:

2018 JUN 18 PM 12:11

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

LAST NAME — FIRST NAME — MIDDLE NAME:
Haselden, Barbara Lee

MAILING ADDRESS:
1043 31st Terrace NE

CITY: St Petersburg ZIP: 33704 COUNTY: Pinellas

NAME OF AGENCY:
Pinellas County Board of County Commissioners District 6

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Pinellas County Board of County Commissioners-District 6

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, 2017 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 December 31, 20 17 was \$ 1,776,164

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 \$ \$60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)	VALUE OF ASSET
Barbara L Haselden Living Trust (see attached detail)	1,251,000
Suntrust (Money Market)	135,860
Hancock Bank (Money Market)	142,236
Raymond James Bank Deposit Program for IRA (Cash and cash alternatives option)	43,747

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Cenlar PO Box 11733 Newark NJ 07101-4733 (mortgage on 1043 31st Ter NE, St. Petersburg, FL 33704 - residence)	366,818
Capital One Credit card, PO Box 60599, City of Industry, CA 91716-0599	4,801

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	NA

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
(If you check this box and attach a copy of your 2017 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
Barbara L Haselden, Inc.	1043 31st Ter NE, St Petersburg, FL	31,849
dba Hometown Insurance, Inc.		

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
Barbara L Haselden, Inc	John Hancock Life and Health Insurance Company	197 Clarendon Street, Boston, MA 02116. 24505	Insurance Company
Barbara L Haselden, Inc	Brighthouse Financial	PO Box 1280, Lynchburg, VA	Insurance Company

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA	NA	NA
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.

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 18 day of

June, 20 18 by Barbara L. Haselden

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

Wendy Grimes
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF192653
Expires 1/26/2019

Wendy Grimes
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced Driver License

Barbara L. Haselden
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

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Form 6 (Part B) assets details

Description of Asset listed:

Barbara L Haselden Living Trust details:

Residence 1043 31st Ter NE, St Petersburg, Fl 33704	1,150,000
100% ownership stock of Barbara L Haselden, Inc. (est. fair market value)	\$ 90,000
Bank of America Trust checking	<u>11,061</u>
	\$1,251,000

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Form 6-(Part B) Continued

Candidate Barbara L Haselden

Individual Assets (continued)

Precious metal	120,520
Jackson Life Insurance Company cash value	1,478
Loan to Barbara Haselden campaign	20,000
Wells Fargo checking classic	1,323