



**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

**PART E — INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 5]

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2

RECEIVED  
 JUN 20 PM 2:00  
 SUPERVISOR OF ELECTIONS  
 ELECTION SERVICE CENTER

**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.

**PART G — EXPLANATION OF CHANGES**

Correction of reported Net worth as determined by reducing asset amount by liabilities amount.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**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.

*Barbara A. Haselden*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 20 day of

June, 20 18 by Barbara Haselden  
*Wendy Grimes*  
 (Signature of Notary Public--State of Florida)



Wendy Grimes  
 NOTARY PUBLIC  
 STATE OF FLORIDA  
 Comm# FF192853  
 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

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 6X 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.**

**INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:**

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

**WHERE TO FILE:**

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

**PART G:**

Use this section of the form to explain the changes in your original Form 6 or 6F.

**Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.**

**OATH:**

All information on this form should be submitted under oath.