

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2019

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

## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

LONG JANET C.

MAILING ADDRESS:

11783 Ashley Court

CITY:

Seminole, 33772

ZIP:

COUNTY:

Pinellas

NAME OF AGENCY:

Pinellas County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commission District 1

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

2020 JUN -8 PM 12:03

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 19 was \$ 712,166

## 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 \$ 338,850

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Home: 11783 Ashley Court, Seminole, Florida

520,100

Timeshare - Paniola Green, Kona, Hawaii

12,500

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Wells Fargo Bank, P.O. Box 660278, Dallas, Texas 75266-0278

\$206,771.38

## 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 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.

RECEIVED

2020 JUN -8 PM 12:03

☐ 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 INCOME (See instructions on page 5):

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached		

### 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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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

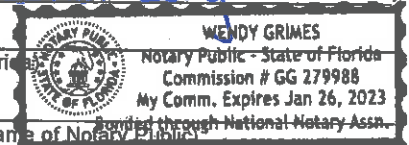
Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 26 day of

May, 20 20 by Tanet Long

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

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



Tanet Long  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

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 ☒

JANET C. LONG - PINELLAS COUNTY COMMISSIONER, DISTRICT 1  
ADDENDUM TO FORM 6

MAY 26, 2020

RECEIVED  
2020 JUN -9 PM 12:00  
SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

PART D INCOME

PRIMARY SOURCE OF INCOME EXCEEDING \$1,000

STATE OF FLORIDA - RETIREMENT

\$17,696.70

P.O. BOX 3090, TALLAHASSEE, FLORIDA. 32315

SOCIAL SECURITY

\$28,744.20

1 JAMAICA CENTER PLAZA, JAMAICA, NEW YORK 14324

DIOCESE OF ST. PETERSBURG

\$7,904.04

6393 9TH AVE. N., ST. PETERSBURG, FLORIDA 33757

PINELLAS COUNTY COMMISSION

\$96,613.31

P.O. BOX 2438,

CLEARWATER, FLORIDA. 33757