

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2019

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

## OF FINANCIAL INTERESTS

RECEIVED FOR OFFICE USE ONLY:

2020 APR 20 PM 12:01

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

LAST NAME — FIRST NAME — MIDDLE NAME:

Pierce James Vincent

MAILING ADDRESS:

CITY:

ZIP:

COUNTY:

Pinellas

NAME OF AGENCY:

State of Florida - 6th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Pinellas County Judge Group 10

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, 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 April 3, 2020 was \$ 2,100,143

## 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 \$ 30,000

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

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)	VALUE OF ASSET
Personal Residence - [REDACTED]	511,000.
Rental Property - Dunedin, Fl	415,000.
Real Property - Clearwater, Fl	315,000
Real Property- Mobile Home Valdosta, Ga.	100,000

## PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Excalibur 7071 Warner Ave Ste F-717, Huntington Beach, CA 92647	415,000
PHH Mortgage P.O. Box 94087, Palatine, Ill 60094	149,139.
Specialize Loan Servicing, 8742 Lucent Blvd., Ste. 300, Highlands Ranch, Co 80129	144,975
Pinellas County Federal Credit Union 10273 Ulmerton Road, Largo, Fl 33771	28,181

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ally P.O. Box 380901, Bloomington, MN 55438	28,426
One Main 9600 66th St. N., Suite 4B, Pinellas Park, Fl 33782	7,642
Mariner Finance, 31954 U.S. Hwy N., Palm Harbor, Fl 34684	8,851

## 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.

☐ 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):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
STATE OF FLORIDA SALARY	220 Gaines St., Tallahassee, FL 32399	151,822
STATE FARM PENSION	P.O. BOX 1495, Bloomington, Ill 60069	9,276

**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 9th day of

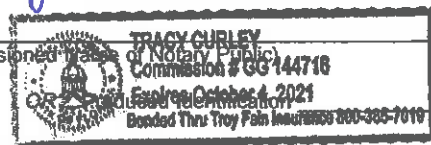
April, 2020 by James Pierce

Tracy Curley  
(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known ☒

Type of Identification Produced



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 ☒

**PART B ASSETS CONTINUED**

STATE PENSION PLAN	1,200,000
2016 CADILLAC SRX	20,000
2010 MERCEDES BENZ 350	12,000

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ELECTION SERVICE CENTER

**PART C LIABILITIES CONTINUED**

CAPITAL ONE General Correspondence, P.O. Box 30285 Salt Lake City, Ut 84130	5,115
WELLS FARGO P.O. Box 6995 Portland, Oregon 97228-6995	4,628