

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

2020 JUN -8 PM 12:01

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

LAST NAME — FIRST NAME — MIDDLE NAME:
Robinson-Flowers Rene

MAILING ADDRESS:
240 39th Street South

CITY: St. Petersburg ZIP: 33711 COUNTY: Pinellas

NAME OF AGENCY:
Pinellas County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Pinellas County Commission District 7

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 December 31, 20 19 was \$ 439,220.62

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 \$ 185,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence (240 39th Street South St. Petersburg FL 33711)	\$375,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nelnet P.O. Box 82561 Lincoln, N.E. 68501-2565	\$2,188.25
Navient P.O. Box 9533 Wiles- Barre PA 18773	\$819.13
Education Financials <u>12465 Jefferson St. Washington, D.C. 20051</u>	\$78,272.00

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.

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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
Gulf Coast Jewish Family and Community	14041 Icot Blvd Clw Fl 33760	\$67,000.00
Pinellas County Schools	301 4th Street SW Largo Fl 33770	\$44,708.00

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
Deborah Figgs-Sanders	Campaign	PO Box 16062 St Pete Fl 33733	Candidate for Office
Cassandra Denmark	Campaign	690 E Davidson St Bartow	Candidate for Office

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Unique Agenda LLC		
ADDRESS OF BUSINESS ENTITY	P.O. Box 17056 St. Pete, Fl 33733		
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	President/CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Owner/Operator		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

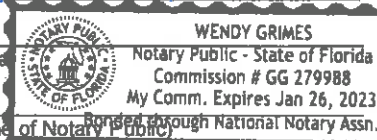
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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, 2020 by Rene Flowers

Wendy Grimes
(Signature of Notary Public—State of Florida)
Wendy Grimes
(Print, Type, or Stamp Commissioned Name of Notary Public)



Rene Flowers
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

Part D- Secondary Sources of Income (continued)

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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 Income	Address of Business Entity	Principal Business Activity
Foundation for a Healthy St. Pete	Foundation Funds	2333 34 th Street S St. Pete, Fl 33705	Community Support and Training