

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

FILED FOR RECORD
SARASOTA COUNTY
2022 JUN 17 AM 10:14
SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:

COSENTINO John Michael

MAILING ADDRESS:

617 AVENIDA DE MAYO

SARASOTA 34242 SARASOTA

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

County Commission, District 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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, 2021 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 JANUARY 1, 2022 was \$ 825,300-

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 \$ 25,000-

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

SEE ATTACHED, Page 1

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CARDINAL FINANCIAL CO., LTD PARTNERSHIP

\$168,000-

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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
K I Cosentino Const.	617 AVENIDA DE MAYO	\$63,000-

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

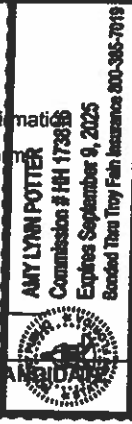
This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

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.

Mike Cosentino
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



STATE OF FLORIDA
 COUNTY OF SARASOTA
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 17 day of
JUNE, 2022 by MIKE COSENTINO
 (Signature of Notary Public - State of Florida)
Amy Lynn Potter
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification
 Type of Identification Produced FL 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 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 6/17/22

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

<u>DESCRIPTION</u>	<u>VALUE</u>
1968 MOTORHOME	5,000-
1996 FLATS BOAT	5,000-
2010 BOAT TRAILER	1,000-
2006 DUMP TRAILER	1,000-
2017 CHEVY SILVERADO	35,000-
1973 HOUSEBOAT	50,000-
GOLF CLUB MEMBERSHIP	100,000-
SOLE SHAREHOLDER COSENTINO CONST. CO.	134,000-
10 BEACH RD	50,000-
617 AVENIDA DE MAYO	<u>482,300-</u>

863,300-

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA
2022 JUN 17 AM 10:14
FILED FOR RECORD
SARASOTA COUNTY