# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

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SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

PROCESSED

244955

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Justice Charlie

MAILING ADDRESS:
3101 60th Street North

CITY: St. Petersburg ZIP: 33710 COUNTY: Pinellas

NAME OF AGENCY:
Pinellas County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner District 3

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 May 24, , 20 20 was $ 176,363 .

## 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 $ 64,000

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|---|---|
| Home- 3101 60th Street North, St. Petersburg, FL 33710 | 237,000 |
| Account - Achieva Credit Union 3629 11th Avenue North, St. Pete, FL 33713 | 12,400 |
| | |
| | |

## PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| Shellpoint PO BOX 619063, Dallas TX 75261 | 105,089 |
| Enerbank, PO Box 26856, Salt Lake City, UT 84126 | 8,148 |
| Justice Trust. 689 Cira Ct, St. Augustine, FL 32086 | 8,400 |
| | |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| N/A | |
| | |
| | |



(Continued on reverse side)

## 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 |
|---|---|---|
| Pinellas County | 311 Court Street, Clearwater FL 33756 | 100.345 |
| | | |

**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 | | | |

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## 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.

**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

**STATE OF FLORIDA**
**COUNTY OF** PINELLAS

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 29th day of May, 2020 by Charlie Justice.

Courtney L. Vandenberg
(Signature of Notary Public--State of Florida)

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

Notary Public State of Florida
Courtney L Vandenberg
My Commission GG 944392
Expires 01/05/2024

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** ☐