FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

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202311

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Burgess Daniel Wright

MAILING ADDRESS
6730 Northlake Drive

CITY: Zephyrhills ZIP: 33542 COUNTY: Pasco

NAME OF AGENCY:
Florida Department of Veterans' Affairs

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Senator, District 20

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 June 7, 20 20 was $ -$290,810.35

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 $ $61,077.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached.	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 10th day of June, 2020 by [illegible]

(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification

Type of Identification Produced Florida DL

MARY M. HIED
MY COMMISSION EXPIRES JUNE 12, 2021
#GG 104950
Notary Bonded Thru Notary Public Underwriters
NOTARY PUBLIC STATE OF FLORIDA

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 ☒

Continuation Sheet for Form 6 - 2019
Full and Public Disclosure of Financial Interests

Daniel Wright Burgess, Jr.
Florida Department of Veterans' Affairs
State Senate, District 20 – Candidate Filing

Part B – Assets

Assets individually valued over $1,000:

1.
   a. Description of Asset: Florida Deferred Compensation Plan (Nationwide) (Not Self-Directed):
      i. *TIAACRF LfCycInd2050 Rtrmt – 100% Election
   b. Amount of Asset: $7,858.21
2.
   a. Description of Asset: Checking Account, Suncoast Credit Union
   b. Amount of Asset: $6,922.38
3.
   a. Description of Asset: Savings Account, Suncoast Credit Union
   b. Amount of Asset: $2,495.52
4.
   a. Description of Asset: IRA, Morgan Stanley (Not Self-Directed)
   b. Amount of Asset: $5,290.55
5.
   a. Description of Asset: Real Property, 6730 Northlake Drive, Zephyrhills, Florida 33542
   b. Amount of Asset: $294,000.00

Part C – Liabilities

Liabilities in excess of $1,000:

1.
   a. Name and Address of Creditor: Discover Student Loans (Student Loans – Law School); PO Box 6107 Carol Stream, IL 60197-6107
   b. Amount of Liability: $14,547.70

2.
   a. Name and Address of Creditor: Suncoast Credit Union (Personal Line of Credit); P.O. Box 11904 Tampa, FL 33680
   b. Amount of Liability: $6,343.38

3.

a. Name and Address of Creditor: MidFlorida Credit Union (Auto Loan); P.O. Box 8008, Lakeland, Florida 33802
b. Amount of Liability: $25, 915.17

4.

a. Name and Address of Creditor: Carrington Mortgage Services, LLC (VA Home Loan); P.O. Box 5001, Westfield, IN 46074
b. Amount of Liability: $297,998.00

5.

a. Name and Address of Creditor: Chrysler Capital (Auto Loan); P.O. Box 660335, Dallas, TX 75266
b. Amount of Liability: $26,228.88

6.

a. Name and Address of Creditor: Firstmark Services (Student Loans – Law School); P.O. Box 2977, Omaha, NE 68103
b. Amount of Liability: $34,349.05

7.

a. Name and Address of Creditor: FedLoan Servicing (Student Loans – Law School); P.O. Box 3661, Harrisburg, PA 17105
b. Amount of Liability: $263, 071.83

Part D – Income

Primary Sources of Income:

1.

a. Name of Source of Income: Pasco County Sheriff's Office
b. Address of Source of Income: 8700 Citizens Drive, New Port Richey, FL 34654
c. Amount of Income: $9,564.20

2.

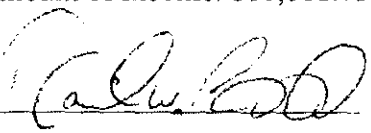
a. Name of Source of Income: State of Florida
b. Address of Source of Income: 200 E. Gaines Street, Tallahassee, Florida 32399
c. Amount of Income: $129,713.21

3.

a. Name of Source of Income: DFAS/United States Army Reserve
b. Address of Source of Income: 8899 East 56th Street, Indianapolis, IN 46249
c. Amount of Income: $12,065.24

4.

a. Name of Source of Income: 1099-MISC; Law Offices of Lucas & Magazine
b. Address of Source of Income: 8606 Government Drive, New Port Richey, FL 34654
c. Amount of Income: $10,068.73

Signature: 

Date: June 8, 2020