FORM 6
FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS
2019

PROCESSED
House Of Representatives-Elected Constitutional Officer

2020 JUN 10 AM 9:24
DIVISION OF ELECTIONS
TALLAHASSEE, FL

HON ANTHONY SABATINI, STATE REPRESENTATIVE
704 S LAKESHORE BLVD APT 1
HOWEY IN HLS FL 34737-3950

ID CODE
ID NO. 270927
CONF. CODE
Sabatini, Anthony

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 28th, 2020 was $110,591.85

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 $15,000.00

| ASSETS INDIVIDUALLY VALUED AT OVER $1,000: |
| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
| GMC ENVOY SUV VEHICLE | $5,000.00 |
| CHECKING ACCOUNT, WELLS FARGO, TALLAHASSEE, FL | $7,000.00 |
| AR-15 RIFLE | $1,200.00 |
| SABATINI LAW FIRM CHECKING ACCOUNT, WELLS FARGO | $1,308.00 |

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
| U.S. DEPT OF EDUCATION EDUCATION LOANS | $138,403 |
| U.S. DEPT OF EDUCATION HOME LOAN | $263,197 |

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.]

<table>
<thead>
<tr>
<th>PRIMARY SOURCES OF INCOME (See instructions on page 5)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>NAME OF SOURCE OF INCOME EXCEEDING $1,000</td>
<td>ADDRESS OF SOURCE OF INCOME</td>
</tr>
<tr>
<td>FL ARMY NATIONAL GUARD</td>
<td>82 Marine St, St. Augustine, FL</td>
</tr>
<tr>
<td>FL HOUSE OF REPRESENTATIVES</td>
<td>200 E. Gaines St, Tallahassee, FL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF BUSINESS ENTITY</td>
<td>NAME OF MAJOR SOURCES OF BUSINESS’S INCOME</td>
</tr>
<tr>
<td>SABATINI LAW FIRM</td>
<td>Seminole County Tax Collector</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
<th>BUSINESS ENTITY # 3</th>
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<tbody>
<tr>
<td>NAME OF BUSINESS ENTITY</td>
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<td>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</td>
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<td>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</td>
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</tbody>
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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, complete, and accurate.

Kristine L. Sabatini  
State of Florida  
My Commission Expires 03/25/2023  
Commission No. GG 305117

STATE OF FLORIDA  
COUNTY OF Leon  
Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 5th day of June, 2020 by Anthony Sabatini.

Signature of Notary Public—State of Florida

(Kristine L. Sabatini)  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☐ OR Produced Identification ☐  
Type of Identification Produced ☐ Florida Driver License

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:

☐ , 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)

725 Calabria Way, Hobeo in the Hills, FL 34737

$275,000

Part D (continued)

Cantonini Law Firm P.A., 1175 S. Broadway, Ste #2
Clermont, FL 34737

$7,500