# FORM 6 FFINAL FULL AND PUBLICDISCLOSURE OF FINANCIAL INTERESTS

#### (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE)

LAST NAME — FIRST NAME — MIDDLE NAME:		
LAST NAME — FIRST NAME — MIDDLE NAME.	NAME OF AGENCY:	
MAILING ADDRESS:		
	OTHER POSITION HELD:	
	THE LAST DAY OF MY PUBLIC OFFICE OR F	POSITION WAS:
CITY & STATE: ZIP: COUNTY:	, 20	)15.
		prior to 12/31/15)
PART A N		1. December 04, 0045
Please enter the value of your net worth as of the date you left the public office [Note: Net worth is not calculated by subtracting your <i>reported</i> liabilities from		
My net worth as of	, 2015 was \$	
	ACCETC	
PART B - HOUSEHOLD GOODS AND PERSONAL EFFECTS:	- ASSE 15	
Household goods and personal effects may be reported in a lump sum if the		
if not held for investment purposes: jewelry; collections of stamps, guns, and other household items; and vehicles for personal use, whether owned or lea		ent and furnishings; clothing;
The aggregate value of my household goods and personal effects (describe	ed above) is \$	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000 (Instructions on page 3		
DESCRIPTION OF ASSET	5).	VALUE OF ASSET
PART C L	IABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (Instrutions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
		1

2015

		PART D	INCOME	
				ed \$1,000 received during the period from ces of income, by completing the remainder
PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOM		age 4):	ADDRESS OF SOURCE OF INCOM	e Amount
			of husingsoon surred by reporting not	
NAME OF	INCOME [Major customers		of businesses owned by reporting per ADDRESS	I PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' I	NCOME	OF SOURCE	ACTIVITY OF SOURCE
PA	RT E — INTERESTS	IN SPECIF	TED BUSINESSES [Instruction	as on page 5]
	BUSINESS ENTITY		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				
	THROUGH E ARE CO	)NTINUED	ON A SEPARATE SHEET, PL	EASE CHECK HERE
		ST	ON A SEPARATE SHEET, PL ATE OF FLORIDA UNTY OF	EASE CHECK HERE
IF ANY OF PARTS A OA I, the person whose name appears	<b>TH</b> at the beginning of this form	n, Sw	ATE OF FLORIDA	
IF ANY OF PARTS A	<b>TH</b> at the beginning of this form ad say that the information o	n, Sw dis-	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be	
IF ANY OF PARTS A OA I, the person whose name appears do depose on oath or affirmation ar	<b>TH</b> at the beginning of this form ad say that the information o	n, Sw dis-	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attach	<b>TH</b> at the beginning of this form ad say that the information o	n, Sw dis- te,	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be , 20 by	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attach	<b>TH</b> at the beginning of this form ad say that the information o	n, Sw dis- te,	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attachr and complete.	<b>CH</b> at the beginning of this form nd say that the information of ments hereto is true, accura	n, Sw dis- te, (Sig	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be , 20 by	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attach	<b>CH</b> at the beginning of this form nd say that the information of ments hereto is true, accura	n, Sw dis- te, (Sig - (Pri	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be , 20 by gnature of Notary PublicState of Flor int, Type, or Stamp Commissioned Na	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attachr and complete.	<b>CH</b> at the beginning of this form nd say that the information of ments hereto is true, accura	n, Sw dis- te, - (Pri	ATE OF FLORIDA UNTY OF orn to (or affirmed) and subscribed be , 20 by gnature of Notary PublicState of Flor int, Type, or Stamp Commissioned Na	fore me this day of ida)
IF ANY OF PARTS A OAT	CH at the beginning of this form and say that the information of ments hereto is true, accurat	n, Sw dis- te, - (Pri Per Typ	ATE OF FLORIDA UNTY OF	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attachr and complete. SIGNATURE OF REPORTING OF If a certified public accountant licer complete the following statement:	CH at the beginning of this form ad say that the information of ments hereto is true, accura FICIAL	ST/CO n, Sw dis- te, (Sig - (Pri Per Typ attorney in go	ATE OF FLORIDA UNTY OF	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attachr and complete. SIGNATURE OF REPORTING OF If a certified public accountant licer complete the following statement: I,	CH at the beginning of this form nd say that the information of ments hereto is true, accura FICIAL	ST/CO n, Sw dis- te, (Sig - (Pri Per Typ attorney in go repared the C	ATE OF FLORIDA UNTY OF	fore me this day of
IF ANY OF PARTS A OAT I, the person whose name appears do depose on oath or affirmation ar closed on this form and any attachr and complete. SIGNATURE OF REPORTING OF If a certified public accountant licer complete the following statement: I,	CH at the beginning of this form nd say that the information of ments hereto is true, accura FICIAL	ST/CO n, Sw dis- te, (Sig - (Pri Per Typ attorney in go repared the C	ATE OF FLORIDA UNTY OF	fore me this day of

#### WHAT TO FILE:

After completing the form, file only the first sheet (pages 1 and 2). Facsimiles will not be accepted.

# FILING INSTRUCTIONS: WHEN TO FILE:

No later than 60 days after leaving the public office or position described on page 1, unless you take another position that requires you to file Form 6 within the 60-day period.

#### WHERE TO FILE:

File with the Commission on Ethics P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

#### NOTE:

If you are leaving office or employment during the first half of 2015, you may not have filed Form 6 for 2014. In that case, this is not the last form you will file, even though the Form 6F covers the final portion of your term of office or employment. You will be required to file Form 6 for 2014 by July 1 of 2015.

### WHO MUST FILE FORM 6 F:

All persons holding the following positions: Governor, Lieutenant Governor, Cabinet members, members of the Legislature, Circuit Court Judges, County Judges, State Attorneys, Public Defenders, Clerks of Circuit Courts, Sheriffs, Tax Collectors, Property Appraisers, Supervisors of Elections, County Commissioners, elected Superintendents of Schools, members of District School Boards, Mayor and members of the Jacksonville City Council, Justices of the Supreme Court, Judges of the District Court of Appeals, Judges of Compensation Claims; the Duval County Superintendent of Schools, and members of the Florida Housing Finance Corporation Board, the Florida Prepaid College Board, and each expressway authority, transportation authority (except the Jacksonville Transportation Authority), or toll authority created pursuant to Chapter 348 or 343, F.S., or any other general law.

## **INSTRUCTIONS FOR COMPLETING FORM 6F:**

#### **INTRODUCTORY INFORMATION** (At Top of Form):

**NAME OF AGENCY:** This should be the name of the governmental unit which you served.

**OFFICE OR POSITION HELD OR SOUGHT:** List the title of the office or position you held during 2015. If you are a candidate for office, check the box below your name and address.

LAST DAY OF OFFICE OR POSITION: Fill in the appropriate date.

**PUBLIC RECORD:** The disclosure form and everything attached to it is a public record. <u>Your Social Security</u> <u>number is not required and you should redact it from any</u> <u>documents you file.</u> If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address <u>if you</u> <u>submit a written request for confidentiality</u>.

#### PART A — NET WORTH

[Required by Art. II, s. 8(a)(i)(1), Fla. Const.]

Report your net worth as of the last day you held office, and list that date. This should be the same date used to value your assets and liabilities. In order to determine your net worth, you will need to total the value of <u>all</u> your assets and subtract the amount of <u>all</u> of your liabilities. <u>Simply subtracting the liabilities reported in Part C from the assets reported in Part B will not result in an accurate net worth figure in most cases.</u>

To total the value of your assets, add:

(1) The aggregate value of household goods and personal effects, as reported in Part B of this form;

(2) The value of all assets worth over \$1,000, as reported in Part B; and

(3) The total value of any assets worth less than \$1,000 that were not reported or included in the category of "household goods and personal effects."

To total the amount of your liabilities, add:

(1) The total amount of each liability you reported in Part C of this form, <u>except for</u> any amounts listed in the "joint and several liabilities not reported above" portion; and,

(2) The total amount of unreported liabilities (including those under \$1,000, credit card and retail installment accounts, and taxes owed).

#### PART B — ASSETS WORTH MORE THAN \$1,000

[Required by Art. II, s. 8(a)(i)(1), Fla. Const.; s. 112.3144, F.S.]

#### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

The value of your household goods and personal effects may be aggregated and reported as a lump sum, if their aggregate value exceeds \$1,000. The types of assets that can be reported in this manner are described on the form.

# ASSETS INDIVIDUALLY VALUED AT MORE THAN \$1,000:

Describe, and state the value of, each asset you had on the reporting date you selected for your net worth in Part A, if the asset was worth more than \$1,000 and if you have not already included that asset in the aggregate value of your household goods and personal effects. Assets include, but are not limited to, things like interests in real property; cash; stocks; bonds; certificates of deposit; interests in businesses; beneficial interests in trusts; money owed you; bank accounts; Deferred Retirement Option Program (DROP) accounts; and the Florida Prepaid College Plan. Assets also include investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product *contained in* a brokerage account, IRA, or the Florida College Investment Plan, is your asset—not the account or plan itself.

You are not required to disclose assets owned solely by your spouse.

#### How to Identify or Describe the Asset:

— Real property: Identify by providing the street address of the property. If the property has no street address, identify by describing the property's location in a manner sufficient to enable a member of the public to ascertain its location without resorting to any other source of information.

— Intangible property: Identify the type of property and the business entity or person to which or to whom it relates. <u>Do not list simply "stocks and bonds" or "bank</u> <u>accounts.</u>" For example, list "Stock (Williams Construction Co.)," "Bonds (Southern Water and Gas)," "Bank accounts (First National Bank)," "Smith family trust," "Promissory note and mortgage (owed by John and Jane Doe)."

#### How to Value Assets:

— Value each asset by its fair market value on the date used in Part A for your net worth.

— Jointly held assets: If you hold real or personal property jointly with another person, your interest equals your legal percentage of ownership in the property. <u>However</u>, assets that are held as tenants by the entirety or jointly with right of survivorship must be reported at 100% of their value.

— Partnerships: You are deemed to own an interest in a partnership which corresponds to your interest in the equity of that partnership.

 Trusts: You are deemed to own an interest in a trust which corresponds to your percentage interest in the trust corpus.

 Real property may be valued at its market value for tax purposes, unless a more accurate appraisal of its fair market value is available.

— Marketable securities which are widely traded and whose prices are generally available should be valued based upon the closing price on the valuation date.

 Accounts, notes, and loans receivable: Value at fair market value, which generally is the amount you reasonably expect to collect.

— Closely-held businesses: Use any method of valuation which in your judgment most closely approximates fair market value, such as book value, reproduction value, liquidation value, capitalized earnings value, capitalized cash flow value, or value established by "buy-out" agreements. It is suggested that the method of valuation chosen be indicated in a footnote on the form.

— Life Insurance: Use cash surrender value less loans against the policy, plus accumulated dividends.

 The asset value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

#### PART C— LIABILITIES

[Required by Art. II, s. 8(a)(i)(1), Fla. Const.; s. 112.312(14), F.S.]

#### LIABILITIES IN EXCESS OF \$1,000 :

List the name and address of each creditor to whom you owed more than \$1,000 on the date you chose for your net worth in Part A, and list the amount you owe. Liabilities include: accounts, notes, and interest payable; debts or obligations (excluding taxes, unless the taxes have been reduced to a judgment) to governmental entities; judgments against you, and the unpaid portion of vehicle leases. You are not required to disclose liabilities that are solely your spouse's responsibility.

You do not have to list on the form any of the following: credit card and retail installment accounts, taxes owed (unless the taxes have been reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a partner (without personal liability) for partnership debts, or where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" on a note and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability.

#### How to Determine the Amount of a Liability:

 Generally, the amount of the liability is the face amount of the debt.

 The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments.

 If you are the only person obligated to satisfy a liability, 100% of the liability should be listed.

— If you are jointly and severally liable with another person or entity, which often is the case where more than one person is liable on a promissory note, you should report here only the portion of the liability that corresponds to your percentage of liability. *However*, if you are jointly and severally liable for a debt relating to property you own with one or more others as tenants by the entirety or jointly, with right of survivorship, report 100% of the total amount owed.

— If you are only jointly (not jointly and severally) liable with another person or entity, your share of the liability should be determined in the same way as you determined your share of jointly held assets.

#### Examples:

— You owe \$10,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 with your spouse to a savings and loan for the mortgage on the home you own with your spouse. You must report the name and address of the bank (\$10,000 being the amount of that liability) and the name and address of the savings and loan (\$60,000 being the amount of this liability). The credit card debts need not be reported.

— You and your 50% business partner have a \$100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and \$50,000 as the amount of the liability. If your liability for the loan is only as a partner, without personal liability, then the loan would be a contingent liability.

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

List in this part of the form the amount of each debt, for which you were jointly and severally liable, that is not reported in the "Liabilities in Excess of \$1,000" part of the form. Example: You and your 50% business partner have a \$100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and \$50,000 as the amount of the liability, as you reported the other 50% of the debt earlier.

#### PART D — INCOME

[Required by Art. II, s. 8(a)(i)(1), Fla. Const.]

#### PRIMARY SOURCES OF INCOME:

List the name of each source of income that provided you with more than \$1,000 of income between January 1, 2015, and the last day you held your office or position, and the address of that source, and the amount of income received from that source. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income.

"Income" means the same as "gross income" for federal income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples of income include: compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, distributive share of partnership gross income, and alimony, but not child support. Where income is derived from a business activity you should report the income to you, as calculated for income tax purposes, rather than the income to the business.

Examples:

- If you owned stock in and were employed by a corporation and received more than \$1,000 of income (salary, commissions, dividends, etc.) from the company, you should list the name of the company, its address, and the total amount of income received from it.

- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$1,000, you should list the name of the firm, its address, and the amount of your distributive share.

- If you received dividend or interest income from investments in stocks and bonds, list only each individual company from which you received more than \$1,000. Do not aggregate income from all of these investments.

- If more than \$1,000 of income was gained from the sale of property, then you should list as a source of income the name of the purchaser, the purchaser's address, and the amount of gain from the sale. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as "sale of (name of company) stock," for example.

- If more than \$1,000 of your income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and the amount of income from that institution.

#### SECONDARY SOURCES OF INCOME:

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as a "Primary Source of Income." You will *not* have anything to report unless:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure

period, more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, limited partnership, LLC, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and

(2) You received more than \$1,000 in gross income from that business entity during the period.

If your ownership and gross income exceeded the two thresholds listed above, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, the source's principal business activity, and the name of the business entity in which you owned an interest. You do not have to list the amount of income the business derived from that major source of income.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$1,000 in gross income last year. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of your business, the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

- You are a 20% partner in a partnership that owns a shopping mall and your gross partnership income exceeded \$1,000. You should list the name of the partnership, the name of each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's

address and principal business activity.

# PART E – INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(5), F.S.]

The types of businesses covered in this section include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies; entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period, more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during 2015, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list: the name of the business, its address and principal business activity, and the position held with the business (if any). Also, if you own(ed) more than a 5% interest in the business, as described above, you must indicate that fact and describe the nature of your interest.

#### PENALTIES

Failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal, or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

# OTHER FORMS YOU MAY NEED TO FILE IN ORDER TO COMPLY WITH THE ETHICS LAWS

In addition to filing Form 6 F, you *may* be required to file one or more of the special purpose forms listed below, depending on your particular position, business activities, or interests. As it is your duty to obtain and file any of the special purpose forms which may be applicable to you, you should carefully read the brief description of each form to determine whether it applies.

#### Form 6X — Amended Full and Public Disclosure of Financial Interests: To be used by elected constitutional officers and others who must file financial disclosure using Form 6 to correct mistakes on previously filed Form 6's. [s. 112.3144(6), F.S.]

- Form 2 Quarterly Client Disclosure: Required of elected constitutional officers, local officers, state officers, and specified state employees to disclose the names of clients represented for compensation by themselves or a partner or associate before agencies at the same level of government as they serve. The form should be filed by the end of the calendar quarter (March 31, June 30, Sept. 30, Dec. 31) following the calendar quarter in which a reportable representation was made. [s. 112.3145(4), F.S.]
- Form 9 Quarterly Gift Disclosure: Required of elected constitutional officers and others who must file financial disclosure using Form 6 (as well as persons who file disclosure using Form 1 and State procurement employees) to report gifts over \$100 in value. The form should be filed by the end of the calendar quarter (March 31, June 30, September 30, or December 31) following the calendar quarter in which the gift was received. [s. 112.3148, F.S.]

#### Form 10 — Annual Disclosure of Gifts from Governmental Entities and Direct Support Organizations and Honorarium Event Related

**Expenses:** Required of elected constitutional officers and others who must file financial disclosure using Form 6 (as well as persons who file disclosure using Form 1 and State procurement employees) to report gifts over \$100 in value received from certain agencies and direct support organizations; also to be utilized by these persons to report honorarium event-related expenses paid by certain persons and entities. The form should be filed by July 1 following the calendar year in which the gift or honorarium event-related expense was received. [s. 112.3148 and 112.3149, F.S.]

# **AVAILABILITY OF FORMS; FOR MORE INFORMATION**

**Copies of these forms** are available from the Supervisor of Elections in your county; from the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303; telephone (850) 488-7864; and at the Commission's website: www.ethics.state.fl.us.

**Questions** about any of these forms or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303; telephone (850) 488-7864.