

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

OF FINANCIAL INTEREST

STATE OF FLORIDA ELECTIONS
MILTON, FL 32570
FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

McDermott- Andrea- Marie

2014 JUN 19 PM 2 05

MAILING ADDRESS:

8093 Sleepy Bay Blvd

CITY: Navarre ZIP: 32566 COUNTY: Santa Rosa

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Santa Rosa County Commission District 4

CHECK IF THIS IS A FILING BY A CANDIDATE [X]

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 6, 2014 was \$ 812,363.70

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.

The aggregate value of my household goods and personal effects (described above) is \$ 178049

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Rows include: 8093 Sleepy Bay Blvd, Navarre, FL 32566 (172600); Savings Bonds (2963); Ameriprise Financial (259930); USAA Checking (4442); Exxon Mobil Pension (422160).

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Rows include: Hyundai Credit- PO Box 650805, Dallas, TX 75265-0805 (7315.68); PHH Mortgage- PO Box 0112, Palatine, IL 60055-0112 (148500); Ford Credit- PO Box 790119, St. Louis, MO 63179-0119 (16678.30).

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Rows include: Bank of the West- PO Box 2088, Omaha, NE 68103 (29290.56); USAA Financial- 10750 McDermott FWY, San Antonio, TX 78288-0570 (18430.17); Regions Financial- PO Box 2224, Birmingham, AL 35246-3023 (7565.63).

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2013 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
RDF Associates, Inc.	PO Box 2613, FWB, FL 32549	40000
Ameriprise Financial Dividends	10 Ameriprise Financial Center	2220.62
Ameriprise Financial Gains	Minneapolis, MN 55474-9990	17440.56

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			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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.

STATE OF FLORIDA
 COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 19th day of June, 2014 by Andrea-Marie Mc Dermott

Michelle R Peeterse
 (Signature of Notary Public—State of Florida)

MICHELLE R PEETERSE
 (Print Name of Notary Public)
STATE OF FLORIDA
 Personally Known Produced Identification
 Commission # **FF044688** Expires **8/11/2017**
 Type of Identification Produced FLDL

[Signature]
 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:

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.