FORM 6	FULL AND PUBLIC DISCLOSURE FETIONS	2013
Please print or type your name, mailing address, agency name, and position below:	OF FINANCIAL INGRESCASSINE STEET	R OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD Henrietta "Etta" Lawlor	LE NAME: 2014 JUN 17 PM 9 46	
MAILING ADDRESS: 2532 Cedarcrest Ln		
,		
CITY : .Navarre, FL	ZIP: COUNTY: 32566 Santa Rosa	
NAME OF AGENCY : Santa Rosa County		
NAME OF OFFICE OR POSITION HEL Santa Rosa County Commis	_	
CHECK IF THIS IS A FILING BY A CAN	IDIDATE 🗹	
	PART A NET WORTH	
Please enter the value of your net worth reported liabilities from your reported ass	as of December 31, 2013, or a more current date. [Note: Net worth is not calculate sets, so please see the instructions on page 3.]	ed by subtracting your
My net worth as	of	<u></u> :
	PART B ASSETS	
HOUSEHOLD GOODS AND PERSONA Household goods and personal effect following, if not held for investment p furnishings; clothing; other household	L EFFECTS: s may be reported in a lump sum if their aggregate value exceeds \$1,000. This courposes: jewelry; collections of stamps, guns, and numismatic items; art objects:	ategory includes any of the household equipment and
The aggregate value of my household	goods and personal effects (described above) is \$ \$37,500	
ASSETS INDIVIDUALLY VALUED AT O DESCRIPTION OF AS	VER \$1,000: SET (specific description is required - see instructions p.4)	VALUE OF ASSET
	F ASSET ON A SEPARATE SHEET ATTACHED	
	PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (Se NAME AND ADDRESS	e instructions on page 4):	! AMOUNT OF LIABILITY
NONE		AIMOUNT OF CIABILITY
JOINT AND SEVERAL LIABILITIES NO	T PEROPTED A POVE	
NAME AND ADDRESS		AMOUNT OF LIABILITY
NONE		
		1

		PART D	- INCOME		
You may <i>EITHER</i> (1) file a comp statement identifying each separ remainder of Part D, below.	elete copy of your 2013 fed ate source and amount of	eral income tax income which o	c return, including ell Was verhedu exceeds \$1,000, including seconda 6495 CARULI		
[If you check this box and	attach a copy of your 2013	tax return, you	's, schedules, and attachments. need not complete the remainder-	32570-459 ^{(P} 賀伊 []] 9 円	
PRIMARY SOURCES OF INCOM	E (See instructions on pa	ige 5):			
NAME OF SOURCE OF INCO			ADDRESS OF SOURCE OF INCO		AMOUNT
PRIMARY 50	URCES OF INCOME	ON A SEPA	ARATE SHEET ATTACHED		
SECONDARY SOLIDOES OF INC	COME (Major ourterness all	-444-		<u> </u>	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	sinesses owned by reporting person ADDRESS OF SOURCE	PF	s on page 5]: RINCIPAL BUSINESS CTIVITY OF SOURCE
NONE			F		
PA	RT E INTERESTS IN	N SPECIFIEI	BUSINESSES [Instructions of	on page 6]	
	BUSINESS ENTITY #		BUSINESS ENTITY # 2		SS ENTITY#3
NAME OF BUSINESS ENTITY	NONE	·			
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS	11				
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 T	HROUGH E ARE CO	NTINUED C	ON A SEPARATE SHEET, PI	LEASE CHEC	KHERE 🗹
OA			OF FLORIDA O		
I, the person whose name appea	rs at the	2	- Danie Bod		-Da
beginning of this form, do depose		Sworn to	o (or affirmed) and subscribed befo	re me this	day of
and say that the information discl		كىد	ne 20 14 by 1	lenri etta	Lawlor.
and any attachments hereto is true, accurate,					
and complete.		(Signatu	re of Notary PublicState of Florida	a)	
«	2	V48V	MICHELLE R PEETERSE		
1/		200	MOTASTY PUBLIC missioned Nam	e of Notary Public	;)
1/2 1/1	, ula	3 2	STATE OF FLORIDA FY KINNE FF044580 OR Pro	duced Identificati	on
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE		Expires 8/11/2017 FL J)L.	
	THE STATE OF THE S	,,			
If a certified public accountant lice	ensed under Chapter 473	, or attorney in	good standing with the Florida E	Bar prepared this	form for you, he or
she must complete the following :	statement:				
Section 112.3144, Florida Statute correct	s, and the instructions to	_, prepared the	CE Form 6 in accordance with	Art. II, Sec. 8, Fk	orida Constitution,
correct.	-, are mondone to	are form, oper	mmy reasonable knowledge and	Deliet, the disclo	sure nerein is true and
Signature				Date	
Preparation of this form by	a CPA or attorney do	es not relieve	e the filer of the responsibilit	y to sign the f	orm under oath.

SUPERVISOR OF ELECTIONS

Henrietta "Etta Lawigaroling St., STE, F FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST 2013 PARTS B & PART D SEPARATE SHEET (ULL JUN 1 7 81 9 47

PART B - ASSETS					
VALUE OF ASSET					
\$179,016					
\$71,133					
\$250,026					
\$187,678					
\$20,148					
					
\$22,981 \$134,211					

PART D INCOME								
PRIMARY SOURCES OF INCOME		· · · · · ·						
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT						
Regions Bank	PO Box 11007, Birmingham, AL	\$1,017						
Discover Bank	502 E. Market St, Greenwood, DE	\$1,634						
Pen Air Federal Credit Union	1495 E. Nine Mile Rd., Pensacola, FL	\$5,082						
Pen Air Federal Credit Union (joint TBE)	1495 E. Nine Mile Rd., Pensacola, FL	\$3,049						
Griffin, John Promissory Note	790 VZCR 2124, Wills Point, TX	\$2,470						
Eddington, Charmian Promissory Note (joint TBE)	9564 Golden Ln, Bessemer, AL	\$2,558						
Hall, Kyle Promissory Note (joint TBE)	Public Record Exemption on file SOE	\$3,339						
Eddington, Charmian Installment Sale Gain Real Property (joint TB	E) 9564 Golden Ln, Bessemer, AL	\$15.594						