

OF FINANCIAL INTEREST

SUPERVISOR OF ELECTIONS
6493 CAROLINE ST., STE. F
FOR OFFICE USE ONLY:

MILTON, FL 32570-4592

2014 JUN 16 PM 12 00

Jim Melvin
County Commissioner, District 4
Santa Rosa County
Elected Constitutional Officer
3893 Ward Basin Rd
Milton FL 32583-8824



ID Code



ID No.

236619

Conf. Code

Melvin, Jim

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, 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 Dec 31, 20 13 was \$ 1,146,988⁰⁰

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 \$ 60,000⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>Automobiles (2)</u>	<u>47,600⁰⁰</u>
<u>HOME & LAND 3893 WARD BASIN RD MILTON, FL 32583</u>	<u>900,000⁰⁰</u>
<u>CONDO 8253 NAVARRE PKWY NAVARRE FL 32566</u>	<u>200,000⁰⁰</u>
<u>IRA (\$38,500) SAVINGS (\$20,000) CHECKING (\$2,000⁰⁰)</u>	<u>166,500</u>

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>US BANK 4801 FREDERICA ST. DUNMORE KY 40301</u>	<u>91,086⁰⁰</u>
<u>USAA FEDERAL SAVINGS BANK 10750 McDERMOTT Fwy SAN ANTONIO TX</u>	<u>34,991⁰⁰</u>
<u>ALLY BANK P.O. Box 380901 Bloomington MN 55438</u>	<u>11,035⁰⁰</u>
<u>PNC BANK P.O. Box 747066 Pittsburgh PA 15274</u>	<u>30,000⁰⁰</u>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

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): **ALSO SEE ATTACHED SHEET**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
DEFENSE FINANCIAL ACCT. SVCS	P.O. Box 7130 LONDON K	34,954 ⁰⁰
SANTA ROSA CO. ROCE	6485 CAROLINE ST. MITTAN FL	61,527 ⁰⁰
Office of Personnel Mgt	P.O. Box 45 ROGERS, PA	10,000 ⁰⁰

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
Secure Security	1200 Rd. Woodford	B-Town AZ	
	NONE		

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			

NONE

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 Santa Rosa
 COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this 5th day of

June, 2014 by DL
Elijah C. Burnett
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)
ELIJAH C. BURNETT
 Personally Known OR Produced Identification [Signature]
 MY COMMISSION EXPIRES **March 10, 2018**
 Type of Identification Produced
 (407) 398 0153 FloridaNotaryService.com

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.

Samuel J. (Jim) Melvin Form 6 as of 12/31/2013

SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592

2014 JUN 16 PM 12 00

Part D- Income (continued)

Social Security Admin 1200 Rev Wood Blvd Birmingham Al \$27,000.00

Crystal Shores Realty 2313 Hwy 87 Navarre, Fl \$9,900.00