

SUPERVISOR OF ELECTIONS

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

MILTON, FL 32570-4592

LAST NAME — FIRST NAME — MIDDLE NAME:

Aloy Karen Marie

2014 JUN 18 PM 1 59

MAILING ADDRESS:

PO Box 6423

CITY :

Navarre

ZIP :

32566

COUNTY :

Santa Rosa

NAME OF AGENCY :

Santa Rosa County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner, District 4

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 December 31, 20 13 was \$ 465,220

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 \$ 123,745

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence, Navarre, FL	\$170,645
IRA (Fidelity Investments, PO Box 673000, Dallas, TX 75267-3000)	438,898
Cash (Regions Bank, 8234 Navarre Parkway, Navarre, FL 32566)	2,497
A Loyal Vision (Book value of closely held business)	4,534

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Mortgage, PO Box 18001, Hattiesburg, MS 39404-8001	\$ 184,097
Santa Rosa County Federal Credit Union, 6499 Caroline Street, Milton, FL 32570	35,990
Regions Bank, PO Box 1984, Birmingham, AL 35201	10,939

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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.]

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PRIMARY SOURCES OF INCOME (See Instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
West Florida Medical Center Clinic, PA	8333 N Davis Hwy, Pensacola, FL 32514	87,120
IRA at Fidelity Investments	PO Box 673000, Dallas, TX 75267-3000	108,870
IRA at Santa Rosa County Federal Credit Union	6499 Caroline Street, Milton, FL 32570	4,829

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.

Karen M. Aloy
Karen M. Aloy

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 18th day of

June, 20 14 by Karen Aloy

Michelle R. Peeterse
 (Signature of Notary Public--State of Florida)

MICHELLE R PEETERSE

NOTARY PUBLIC
 (Print, Type, or Stamp) **STATE OF FLORIDA** of Notary Public

Comm# **FF044580**
 Personally Produced Identification

Expires **8/17/2017**
 Type of Identification Produced FLDL

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.