

FORM 6

**FULL AND PUBLIC DISCLOSURE
 OF FINANCIAL INTEREST**

2013

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

FOR OFFICE USE ONLY:

2014 JUN 20 AM 11 05

LAST NAME — FIRST NAME — MIDDLE NAME:

Broxson, Jr William Michael "James"

MAILING ADDRESS:

3451 Mickey Broxson Ln

CITY:

Navarre

ZIP:

32566

COUNTY:

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 June 18th, 2014 was \$ 559,722.55

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 \$ 91,300.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

See Attached Form

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Hancock 1 Hancock Plaza Gulfport, MS 39501

74,185.10

Ally P.O. Box 38092 Bloomington, MN 55438

10,264.04

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Centennial Bank P.O. Box 906 Conway, AR 72033

5,927.81

PART D - INCOME SUPERVISOR OF ELECTIONS

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
Broxson Outdoors Charters, LLC	3451 Mickey Broxson Ln. Navarre, FL 32806	\$1,800.00

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Broxson Outdoors, LLC	Broxson Outdoors Charters, LLC	JRMA Investments, LLC
ADDRESS OF BUSINESS ENTITY	8155 Hwy 98 Navarre, FL 32806	3451 Mickey Broxson Ln Navarre, FL 32806	3451 Mickey Broxson Ln Navarre, FL 32806
PRINCIPAL BUSINESS ACTIVITY	Retail	Charters Fishing	Investment
POSITION HELD WITH ENTITY	Owner	Owner	Owner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	50%	50%
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner	Owner

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 20th day of June, 20 14 by James Broxson

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

MICHELLE R PEETERSE
 (Print Name of Notary Public)
 STATE OF FLORIDA
 Commission # **FF044580** Produced Identification
 Expires **8/11/2017**
 Type of Identification Produced **DL**

William M. Broxson Jr.
 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.

Part B - Assets Individually Valued Over \$1,000

Description

Residence -3451 Mickey Broxson Lane Navarre, FL 32566
Florida Prepaid College Plan
State Farm Roth IRA
State Farm Traditionl IRA
Broxson Outdoors, LLC
Broxson Outdoors Charters, LLC
JRMA Investments, LLC
Total

\$ value
\$645,600.00
\$6,249.53
\$2,045.19
\$3,741.57
\$274,589.67
\$21,367.89
\$107,805.65
\$558,799.50

REVISOR OF ELECTIONS
605 CAROLINE ST., STE. F
MILTON, FL 32570-4592

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