FORM 6 FULL AND PUBLIC DISCL	OSURE OF	2011
Please print or type your name, mailing address, agency name, and position below:	ESTS	
LAST NAME — FIRST NAME — MIDDLE NAME: SOUTHERLAND - PETE MAILING ADDRESS:	FOR OFFICE	
324 DOLPHIN ST	 ID Code	
GUIF BREEZE 32561 SANTA ROSA CITY: ZIP: COUNTY:	ID No.	
NAME OF AGENCY: COUNTY COMMISSION DIST S NAME OF OFFICE OF POSITION HELD OR SOUGHT:	Conf. Code P. Req. Code	
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, 2011, or a more current date. [Note: liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]	Net worth is not calculated by	subtracting your reported
My net worth as of JUNE 6 , 20 12 was	\$ 976,000.	<u>.</u>
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value ex if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; a other household items; and vehicles for personal use.		
The aggregate value of my household goods and personal effects (described above) is $\$$,55,000. ºº	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions	s page 4)	VALUE OF ASSET
AMERPRISE RETIREMENT PORTFOLIO	. P=3:,	315,000.00
RESIDENCE		325.∞∞.∞
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR	ı	AMOUNT OF LIABILITY
BBYA COMPASS HOME EQUITY LOAN		19.000.00
-		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		· · · · · · · · · · · · · · · · · · ·
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
DNA		

PART D INCOME You may EITHER (1) file a complete copy of your 2011 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 2011 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2011 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						, AMOUNT			
STORMTECH SHUTTI	ER DE NUCEL	3401 1	3401 W. NAVY BLVD Pensacola, FL.				23.000		
SOCIAL SECURITY		W/16	WASHINGTON DC			23,000 °5			
SDL/AC COST	7	71.73	ATTICE IO IV				7. 1. 3.0		
							_		
		1				<u>:</u>			
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]: NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE									
TNIA					-				
	-								
<u> </u>									
							_		
PART E - INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]									
NAME OF	BUSINESS ENTITY	#1	BUSINE	ESS ENTIT	Y#2	BU	SINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF	DNA		<u>'U</u>)	LA_			JNA		
BUSINESS ENTITY PRINCIPAL BUSINESS			<u> </u>						
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 CO	ONTINUE	D ON A SEPA	RATE S	HEET, PLI	EASE CHE	CK HERE		
0.45	DYT		_			<u>·</u>			
OA	IH		TATE OF FLORI	lda 25c	ambio	<u>ں</u>			
I, the person whose name appears	at the	Sı	wom to (or affirm	ned) and su	bscribed befo	ore me this	6 th day of		
beginning of this form, do depose of	on oath or affirmation		,	•		_			
and say that the information disclosed on this form						itherland			
and any attachments hereto is true, accurate, and complete.						(L)			
(Signature of Notary Public—State of Florida)									
S Larraine Kirkpatrick									
(Print, Type, or Stamp Commission & Expires 03/30/2016									
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE		_							
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Personally Known OR Produced Identification									
			Type of Identification Produced						
FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.									
INSTRUCTIONS on who must					ıye 3.				

OTHER FORMS you may need to file are described on page 6.