FORM 6	FULL AN	D PUBLIC	DISÇÎ	ÔSURI	PF ELECTI	
Please print or type your name, mailing address, agency name, and position below:	OF FI	NANCIAL	INTER	EST, FL	2570 +65	RSOFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD Williamson Rob Edward	LE NAME:		2014	JW 19	PM 1	40
MAILING ADDRESS: PO Box 6118						
CITY: Navarre	ZIP : 32566	COUNTY: Santa Rosa				
NAME OF AGENCY : Santa Rosa County						
NAME OF OFFICE OR POSITION HEL County Commissioner District 4	D OR SOUGHT :					
CHECK IF THIS IS A FILING BY A CAI	NDIDATE 🗹				·	
		PART A NET				
Please enter the value of your net worth reported liabilities from your reported as	as of December 31, sets, so please see	, 2013, or a more or the instructions on p	urrent date. [Not page 3.]	e: Net worth	is not calculate	ed by subtracting your
My net worth as	of <u>May 16</u>		20 <u>14</u> was	\$ <u>183,641</u>	.12	.
HOUSEHOLD GOODS AND PERSON, Household goods and personal effect following, if not held for investment furnishings; clothing; other household The aggregate value of my household ASSETS INDIVIDUALLY VALUED AT OF ASSETS INDIVIDUAL VALUED AT OF ASSETS INDIVIDU	cts may be reported purposes: jewelry; cd items; and vehicles d goods and persona OVER \$1,000:	collections of stamp for personal use. al effects (described	eir aggregate va s, guns, and nui above) is \$ <u>67</u> ,	nismatic iten	\$1,000. This cas; art objects;	ategory includes any of the household equipment and VALUE OF ASSET 270,204.06
•		PART C LIAI	BILITIES	•		
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		page 4):				AMOUNT OF LIABILITY
SCHEDULE ATTACHED						153,562.94
				W		
JOINT AND SEVERAL LIABILITIES NO		OVE:				1
NAME AND ADDRES	S OF CREDITOR					AMOUNT OF LIABILITY

		PART D -	INCOME SUPERVISOR OF ELE	QTIONS	00.00	
You may EITHER (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and arracting file a sworth 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. MILTON, FL 32570 - 4592						
I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.						
PRIMARY SOURCES OF INCOM		ige 5):	*	-	I AMOUNT	
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME		AMOUNT 67 000	
Rob Williamson Landscapir	g LLC	Po Box 61	18 Navarre, FL 32566		67,000	
		T		_		
SECONDARY SOURCES OF IN	COME [Major customers eli	ents, etc. of h	usinesses owned by reporting person-see	instruction	ns on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS	R SOURCES	SOURCES ADDRESS INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Rob Williamson Landscaping LLC			6002 Berryhill Road Milton, FL 32570		Hospital	
Rob Williamson Landscaping LLC		ea HOA	4811 Ocean Blvd Destin, FL 32541	Hor	me owners association	
Rob Williamson Landscaping LLC			7004 Navarre Pkwy, Navarre, FL		Tree Service	
			32566			
PA	ART E - INTERESTS I	N SPECIFIE	ED BUSINESSES [Instructions on pa			
	BUSINESS ENTITY	<u># 1</u>	BUSINESS ENTITY # 2	BUSIN	NESS 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						
	THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PLEAS	SE CHE	CK HERE	
	TU		FOE ELOPIDA			
U A	TH		e of florida vty of <u>Santo Rosa</u>			
I, the person whose name appe	ars at the		n to (or affirmed) and subscribed before me	thie 10	7th day of	
beginning of this form, do depo			^			
and say that the information dis		<u>_Je</u>	une 2014 by Rob	jiw c	ramson	
and any attachments hereto is		_M:	:chelopher			
and complete. (Signature of Notary Public-State of Florida)						
	1 *	ئم	MICHELLE R PEETERSE	de'	hlia	
*		· · (Pa	NOTARVIPUBLIC HOME of I		. /	
00.01	n	P	Comm# FF044580 Produce	ed Identific	cation	
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Type of identific Stories 8(11/2017 FL D C						
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATI	- ype (سندندين		
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.						
l 			_			
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.						

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

PART B - ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET

VALUE OF A	ASSET 2014	_ffm	10	വന

DESCRIPTION OF ASSET	VALUE OF ASSET 2019 JUN 19 PM 1 41
Bank of America Checking	\$30,752.96
Bank of America Checking	\$1,434.51
Bank of America Checking	\$63.00
BB&T Checking	\$1,622.90
PNC Bank Savings	\$1,403.42
American Funds 401K	\$5,427.70
Rob Williamson Landscaping LLC (book value)	\$190,999.57
2008 Toyota Tundra	\$15,000.00
2010 Chevy Silverado	\$20,000.00
14' Boat	\$3,500.00
Tatal	\$270,204.06
Total	<i>\$</i> 270,204.00

PART C -- LIABILITIES IN EXCESS OF \$1,000:

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

NAME AND ADDRESS OF CREDITOR

2011 JUN 19 PM 1 AMOUNT OF LIABILITY

Santander Po Box 660633 Dallas, TX 75266	\$19,866.87
Chase Po Box901037 Ft. Worth, TX 76101	\$34,742.67
Promissory Note: Thomas Akers 116 Nivana Crestview, FL 32536	\$14,535.20
Promissory Note: Sam Carlisle 8076 Hickory Hammock Milton, FL 32583	\$15,300.50
Promissory Note: Travis Morales 201 Byrom Ct. Crestview, FL 32539	\$22,186.00
Promissory Note: Pete Racine 7505 East Bay Blvd. Navarre, FL 32566	\$19,890.10
Promissory Note: Pamela Langham 91 Bay Bridge Dr, Gulf Breeze, FL 32561	\$13,500.70
Promissory Note: Larry Matthews 114 East Gregory St., Pensacola, FL 32502	\$9000.10
Promissory Note: Aaron Kuaile 3353 Green Briar Circle Gulf Breeze, FL 32563	\$4540.80
Total	\$153,562.94