FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 06 2016
RECEIVED

**********AUTO**MIXED AADC 323 T10 P1 94
Michael S. Bennett
Supervisor of Elections
Manatee County
Elected Constitutional Officer
7056 Hawks Harbor Cir
Bradenton FL 34207-5860

PROCESSED

ID Code
ID No. 43965
Conf. Code
Bennett , Michael S.

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, 2015 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 12/31/16, 20 14 was $ 3,596,000.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 69,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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
	FE ATTACHED	

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			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Manatee

Sworn to (or affirmed) and subscribed before me this 1st day of June, 2016 by Sharon Stief.

(Signature of Notary Public--State of Florida)

SHARON A. STIEF
Commission # FF 077159
Expires December 17, 2017
Bonded Thru Troy Fain Insurance 800-385-7019

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

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.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Michael S. Bennett

7056 Hawks Harbor circle, Bradenton, FL.

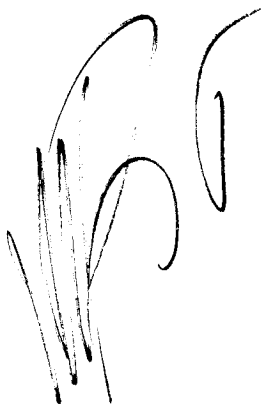
266-68-8854

Personal financial Statement

12/31/15

Cash assets:			
Sable Palm Bank:	working account;	1	17821
	Payroll account		31000
	E15th account		12815
PNC Bank	B&B west FL		3866
	MSB Investments		45915
	AWE		9839
	Journeyman Exam		10194
Bank of America			68524
PNC CD			40000
Total cash			230,050

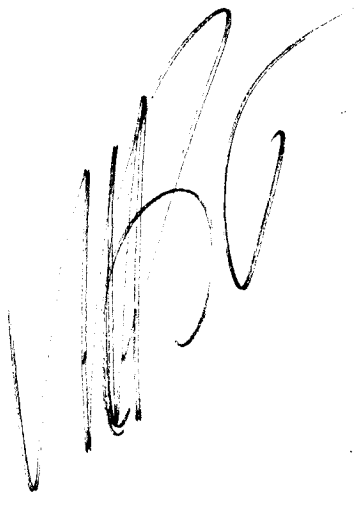
Real Estate:	
7056 Hawks Harbor Circle, Bradenton	1,500,000



7011 301 Blvd. Bradenton		800,000
N/W corner Lorraine and 64	50% net	100,000
N/E corner Lorraine and 64	50%net	100,000
7 acres, Whitfield	50%	200,000
15 acres Ellenton	24% net	720,000
Digital Bill Board Ellenton	24% net	600,000
Hawks Harbor Point lot	20%net	250,000
Michael IRA		458,000
Diane IRA		360,959
	Total	5,088,959

INCOME:

Manatee County	120,000
Bright Future Electric	17,400
Mosaic (Political Insites)	10,800
Social Security	50,000
Ipers (DEE RETIREMENT)	12,000
Rental Income (7011 301 blvd)	102,000
Total	312,200



Liabilities;

PNC BANK ON 7011 e.15TH $540,000

Linger lodge note to SBKA maximum exposure if $350,000 VERY HARD TO EXPLAIN BUT CAN

CADENCE BANK 300,000 0% 10 YEAR NOTE FROM SETTLEMENT

Total liabilities 1,190,000

NET WORTH $3,898,959