FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 15 2016
RECEIVED

PROCESSED

**********AUTO**3-DIGIT 323 T2 P2 9
Richard Watson
County Commissioner District 1
Franklin County
Elected Constitutional Officer
1412 Elm Ct
St George Isl FL 32328-2304

ID Code
ID No. 259673
Conf. Code
Watson , Richard

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 6-14, 2016 was $ 1,632,644.

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 $ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Retirement accounts (Schwab) PO Box 628290, Orlando FL 32862	500,000
Autos SG, FL 32328	20,000
Real Estate (1412 Elm Ct & 388 S Franklin, TLH, FL 32301)	1,350,000
Cash Hancock Bank CDs	200,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Mortgage PO Box 14547 Des Moines, IA 50306	~~175,000~~ ~~350,000~~ 350,000
Hancock Bank 101 N Monroe, Tallahassee, FL 32301	~~50,000~~ ~~100,000~~ 150,000
Quirk Finance	~~2,355.86~~ ~~1,500~~
Credit Cards Wells Fargo 14547 Des Moines, IA 50306	10,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo PO Box 14547, Des Moines IA 50306	~~175,000~~
Hancock Bank 101 N Monroe, Tallahassee FL 32301	~~50,000~~

(Continued on reverse side)

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
Richard Watson & Assoc	P.O Box 10038, Tallahassee FL 32312	120,000
Orchid Charitable Trust	Morgan Chase 2200 Ross Ave Dallas TX	17,500
Franklin County Commission	33 Market Place Apalachicola FL	26,000

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	Richard Watson & Assoc		
ADDRESS OF BUSINESS ENTITY	P.O Box 10038		
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Unrestricted		

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.

Richard Watson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Franklin

Sworn to (or affirmed) and subscribed before me this 14th day of June, 20 16 by _____.

Marzetta M Alexander
(Signature of Notary Public--State of Florida)

Marzetta M Alexander
(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 ☐