CONFIDENTIAL

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Wood, Michael Berry

MAILING ADDRESS:
[redacted]

CITY : ZIP : COUNTY :
[redacted]

NAME OF AGENCY :
Leon County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

FOR OFFICE USE ONLY:

257542

FLORIDA
COMMISSION ON ETHICS
JUN 17 2016
RECEIVED

PROCESSED

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 December 31, 20 15 was $ 1,095,380.

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 $ 88,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attachment A and B	$1,193,184

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attachment C	$ 97,804

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

(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
See Attachment B		$187,955

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
n/a			

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 Leon

Sworn to (or affirmed) and subscribed before me this 13th day of June, 2016 by Michael Wood.

Kellie Sirmons
(Signature of Notary Public--State of Florida)

KELLIE SIRMONS
Commission # FF 067546
Expires February 10, 2018
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 Wood
Sheriff, Leon County
P.O. Box 727
Tallahassee, FL 32302

Attachment A

as of December 31, 2015

Stock/Mutual Fund	FMV
AllianceBernstein High Income A	$ 20,521
American Mutual Fund-A	30,033
Brokerage Money Market	58
Capital Income Builder-A	6,599
Income Portfolio-Class A	17,688
International Diversified Fund A	14,929
International Growth and Income-A	21,284
International Small Company Fund A	17,562
New World Fund-A	45,416
Oppenheimer Global Opportunities Fund Class A	49,537
Oppenheimer Int'l Growth Class A	15,662
Oppenheimer Steelpath MLP Income Fund A	36,124
PIMCO All Asset All Authority A	20,049
PIMCO CommodidtyRealReturn Strategy A	7,601
PIMCO Emerging Local Bond A	29,814
PIMCO Income A	60,470
Brokerage Money Market	5,453
Limited Term Municpal Fund A	28,112
PIMCO Income A	29,311
Quest Diagnostics Inc Com	23,121
Invsco Gr Inc A	7,088
SEI S P 500 Indx E	6,686
NW Mny Mkt Prm	35,001
Northwestern Mutual Insurance ACL	61,078
Total	589,197

Michael Wood
Sheriff, Leon County
P.O. Box 727
Tallahassee, FL 32302

Attachment B

As of December 31, 2015

Description of Cash / Real Property Assets			**Value of Asset**
Salary	Leon County Sheriff Office	$	136,777
Retirement Salary	Florida Retirement System	$	51,178
Tallahassee-Leon Federal Credit Union	Checking Account		14,396
Tallahassee-Leon Federal Credit Union	Savings Account		4,799
Tallahassee-Leon Federal Credit Union	Savings Account		18,748
Prime Meridian Bank	Money Market		22,090
Saltwater Boat			18,000
Real Property	Home		250,000
Household Goods	Including Vehicles		88,000
Cash / Real Property Assets		**$**	**603,987**
Stock / Mutual Fund Investments	Total from Attachment A		589,197
Total Assets	Attachment A & Attachment B	**$**	**1,193,184**

Michael Wood
Sheriff, Leon County
P.O. Box 727
Tallahassee, FL 32302

Attachment C

as of December 31, 2015

Description of Liability	Value of Liability
Home Mortgage / BB&T	$ 97,803.86
Total Liability	**$ 97,803.86**

Michael Wood
Sheriff, Leon County
P.O. Box 727
Tallahassee, FL 32302

Schedule of Net Worth

as of December 31, 2015

Total of Stock/Mutual Fund (Attachment A)	$	589,197
Total of Cash / Real Property (Attachment B)	$	603,987
Total of Assets	$	1,193,184
Total of Liabilities (Attachment C)	$	97,804
Net Worth	**$**	**1,095,380**

CONFIDENTIAL

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

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

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

FOR OFFICE USE ONLY:

2016 JUN 20 P 1:28

PROCESSED

257542

LAST NAME — FIRST NAME — MIDDLE NAME:
Wood, Michael Berry

MAILING ADDRESS:
[redacted]

CITY : ZIP : COUNTY :
[redacted]

NAME OF AGENCY :
Leon County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Sheriff

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See attachment A and B	$1,193,184

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attachment C	$ 97,804

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NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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(Continued on reverse side)

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OATH

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Michael Wood
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 13th day of June, 20 16 by Michael Wood.

Kellie Sirmons
(Signature of Notary Public--State of Florida)

KELLIE SIRMONS
Commission # FF 067546
Expires February 10, 2018
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 _____

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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

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Michael Wood
Sheriff, Leon County
P.O. Box 727
Tallahassee, FL 32302

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P.O. Box 727
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as of December 31, 2015

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Sheriff, Leon County
P.O. Box 727
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as of December 31, 2015

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