FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 29 2016
RECEIVED

PROCESSED

*****AUTO**ALL FOR AADC 325 T3 P1 150
Tom Rice
Emerald Coast Bridge Authority
Board of Supervisors
157 Brooks St SE
Ft Walton Bch FL 32548-5826

ID Code
ID No. 84063
Conf. Code
Rice , Tom

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 June, 2016 was $ 560,000.00

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

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SAGE PT Stock Holdings	$160,000
159 Brooks ST UNIT 208 32548 FWB	125,000
157 Brooks St SE Restaurant Property II	600,000
911 Mirabeau Drive FWB, FL 32541	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Beach Bank Mtg 157 Brooks St SE	274,080.86
Nation Star Bank 159 Brooks St SE	96,579.07
CB+T BANK P.O Box 23061, Col GA	4,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(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
U.S Army (RET) Pay	U.S Govt	900=
Social Security	U.S Govt	

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
None			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Magnolia Grill		
ADDRESS OF BUSINESS ENTITY	157 Brooks St SE		
PRINCIPAL BUSINESS ACTIVITY	Restaurant	None	None
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100%		

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 Okaloosa

Sworn to (or affirmed) and subscribed before me this 24th day of June, 2016 by Tom Rice.

(Signature of Notary Public--State of Florida)

EVELYN H. HARRELL
(Print, Type, or Stamp Commissioned Name of Notary Public)

EVELYN H. HARRELL
MY COMMISSION # FF 088844
EXPIRES: February 3, 2018
Bonded Thru Notary Public Underwriters

Personally Known X 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.

N/A

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 ☐

The Magnolia Grill



Where Our Area's Tradition Continues...

157 Brooks Street SE
Fort Walton Beach, Florida 32548
302-0266 FAX 302-0316
www.magnoliagrillfwb.com

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