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:
CONSTANCE CHRISTOPHER GEORGE

MAILING ADDRESS:
200 HARBOR WALK DRIVE

UNIT 141

CITY: PUNTA GORDA ZIP: 33950 COUNTY: CHARLOTTE

NAME OF AGENCY:
CHARLOTTE COUNTY - BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COMMISSIONER - DISTRICT 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
234537

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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 $ 2,252,000.

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 $ 50,000.00

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

(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 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 CHARLOTTE

Sworn to (or affirmed) and subscribed before me this 28TH day of JUNE, 2016 by CHRISTOPHER G CONSTANCE

(Signature of Notary Public--State of Florida)

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

JANINA STAMOULIS
Commission # FF 014182
Expires May 23, 2017
Bonded Thru Troy Fain-Insurance 800-385-7019

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.

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 ☑

PART B – ASSETS (as of 12/31/2015)

Description of Assets

Real Property	**Value of Asset**
23271 Bayshore Road (LAS 000 0002 0012) – (Aesclepian)	$ 184,832
200 Harbor Walk Drive – Unit 141 (HRW 001 0001 0141)	$ 295,392
200 Harbor Walk Drive – Unit 135 (HRW 001 0001 0135)	$ 295,392
402 Cross Street (PUG 000 0063 0032) – (Aesclepian)	$ 52,429
414 Cross Street (PUG 000 0063 0031) – (Aesclepian)	$ 52,429
1842 Jamaica Way (PGI 010 0090 0004) – (Aesclepian)	$ 588,148
1832 Jamaica Way (PGI 010 0090 0003) – (Aesclepian)	$ 588,148
1826 Jamaica Way (PGI 010 0090 0002) – (Aesclepian)	$ 588,148
2525 Harbor Blvd – Unit 310 (PMP 000 0000 0310) – (Aesclepian)	$ 124,313
2525 Harbor Blvd – Unit 312 (PMP 000 0000 0312) – (Aesclepian)	$ 111,881
2525 Harbor Blvd – Unit 314 (PMP 000 0000 0314) – (Aesclepian)	$ 140,888

Intangible Property	**Value of Asset**
Bank Accounts (Florida Community Bank)	$ 10,125.07
Bank Accounts (Florida Community Bank)	$ 4,052.88
Bank Accounts (Florida Community Bank)	$ 1,000.00
Bank Accounts (Florida Community Bank)	$ 1,115.52
Bank Accounts (BB&T Bank)	$ 56,607.77
Bank Accounts (BB&T Bank)	$ 22,738.43
Bank Accounts (BB&T Bank)	$ 80,310.85
Bank Accounts (BB&T Bank)	$ 76,243.43
Bank Accounts (BB&T Bank)	$ 22,000.98
Bank Accounts (BB&T Bank)	$ 7,288.89
Bank Accounts (BB&T Bank) – (Aesclepian)	$ 3,085.37
Bank Accounts (BB&T Bank) – (Aesclepian)	$ 21.27
Bank Accounts (Regions Bank) (IRA)	$ 519.35
Wells Fargo (IRA)	$ 5,138.41
SEP-IRA (Scottrade)	$ 604,491.01

PART C – LIABILITIES (as of 12/31/2015)

Description of Liabilities

Loans	Amount
Florida Community Bank, 5900 Bird Road, Miami, FL 33155	$ 619,465.21
Florida Community Bank, 5900 Bird Road, Miami, FL 33155	$ 433,684.32
BB&T Bank, 19720 Cochran Blvd, Port Charlotte, FL 33948-2000	$ 220,851.69
BB&T Bank, 19720 Cochran Blvd, Port Charlotte, FL 33948-2000	$ 166,333.29
BB&T Bank, 19720 Cochran Blvd, Port Charlotte, FL 33948-2000	$ 112,895.07
BB&T Bank, 19720 Cochran Blvd, Port Charlotte, FL 33948-2000	$ 102,461.32
BB&T Bank, 19720 Cochran Blvd, Port Charlotte, FL 33948-2000	$ 58,378.35

PART D – INCOME

Primary Sources of Income

Name of Source of Income	Address	Amount
Christopher Constance, MD, FACS (Medical Office Practice)	2525 Harbor Blvd, Suite 310 Port Charlotte, FL 33952	$ 227,784.00
Peace River Regional Medical Center	2500 Harbor Blvd, Port Charlotte, FL 33952	$ 28,400.00
Board of County Commissioners Charlotte County, Florida	18500 Murdock Circle, Port Charlotte, FL 33948	$ 57,855.00
Aesclepian Partners, LLLP	200 Harbor Walk Drive Punta Gorda, FL 33950	$ 0

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June 28, 2016

Florida Commission on Ethics
Post Office Drawer 15709
Tallahassee, FL 32317-5709

To Whom It May Concern:

Pursuant to your request, I have enclosed Commissioner Christopher G. Constance's Form 6 *"Full and Public Disclosure of Financial Interests."*

If you have any questions or additional information is required, please do not hesitate to contact me at (941)743-1553.

Sincerely,

Janina M. Stamoulis
Executive Assistant to the
Board of County Commissioners

/jms

Enclosure

18500 Murdock Circle, Suite 536 | Port Charlotte, FL 33948-1068
Phone: 941.743.1300 | Fax: 941.743.1310