FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
AUG 16 2016
RECEIVED

PROCESSED

********AUTO**ALL FOR AADC 325 T3 P1 159
Rob Williamson
County Commissioner, District 4
Santa Rosa County
Elected Constitutional Officer
7018 Summit Dr
Navarre FL 32566-8745

ID Code
ID No. 240502
Conf. Code
Williamson , Rob

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 DECEMBER 31, 2015 was $ 220,854.93.

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 $ 41,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SCHEDULE ATTACHED	241,985.14

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SCHEDULE ATTACHED	68,130.21

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
ROB WILLIAMSON LANDSCAPING LLC	PO BOX 6118 NAVARRE, FL 32566	55,000
SANTA ROSA COUNTY	6495 CAROLINE ST. MILTON, FL 32583	65,000

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
ROB WILLIAMSON LANDSCAPING LLC	SANTA ROSA MEDICAL CENTER	6002 BERRYHILL RD MILTON, FL 32570	HOSPITAL
ROB WILLIAMSON LANDSCAPING LLC	DESTINY BY THE SEA HOA	4811 OCEAN BLVD DESTIN, FL 32541	HOME OWNERS ASSOCIATION

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.

R. E. Williamson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 11th day of August, 2016 by Rob Williamson.

Michelle B. Parker

(Signature of Notary Public--State of Florida)

MICHELLE B. PARKER
NOTARY PUBLIC-STATE OF FLORIDA
MY COMMISSION #FF 42346
MY COMM. EXPIRES OCTOBER 21, 2017

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

Personally Known ____ OR Produced Identification ____

Type of Identification Produced N/A

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 INDIVIDUALLY VALUED AT OVER $1,000

DESCRIPTION OF ASSSET	VALUE OF ASSET
Bank of America Checking	$18,856.54
Bank of America Checking	$ 3658.70
BBVA Checking	$ 4460.89
PNC Bank Savings	$ 1379.01
Rob Williamson Landscaping LLC	$184,630.00
2008 Toyota Tundra	$11,000.00
2010 Chevy Silverado	$15,000.00
14' Boat	$ 3,000.00
Total	$241,985.14

PART C – LIABILITIES IN EXCESS OF $1,000

NAME AND ADDRESS OF CREDITOR

Promissory Note: Thomas Akers 116 Nivana Crestview, FL 32536	$9820.10
Promissory Note: Sam Carlisle 8076 Hickory Hammock Milton, FL 32583	$10,742.75
Promissory Note: Travis Morales 201 Byrom Ct. Crestview, FL 32539	$15,130.00
Promissory Note: Pete Racine 7505 East Bay Blvd Navarre, FL 32566	$13,561.75
Promissory Note: Pamela Langham 91 Bay Bridge Dr. Gulf Breeze, FL 32561	$9275.61
Promissory Note: Larry Matthews 114 East Gregory St. Pensacola, FL 32502	$6364.00
Promissory Note: Aaron Kuaile 3353 Green Briar Circle Gulf Breeze, FL 32563	$3236.00
Total	$68,130.21

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7018 Summit Dr.
Navarre, FL 32566-8745

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RETURN RECEIPT REQUESTED

August 11, 2016

Ms. Virlindia Doss
Executive Director
The Florida Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

Dear Ms. Doss:

Please find enclosed my completed signed original Financial Disclosure (Form 6, Full and Public Disclosure of Financial Interests – 2015) for your records.

Sincerely,

Rob Williamson
Santa Rosa County Commissioner
District 4
Commission Address:
6495 Caroline St., Suite M
Milton, FL 32570

/RW