# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 20 2017
RECEIVED

PROCESSED

********AUTO**ALL FOR AADC 328 T5 P1 25 685
David Sullivan
County Commissioner, District 3
Flagler County
Elected Constitutional Officer
99 Front St
Palm Coast, FL 32137-1459

ID Code
ID No. 265669
Conf. Code
Sullivan, David

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, 2016 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 1, 20 17 was $ 660,405.

## 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 $ #114,000

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|---|---|
| HOME, 99 FRONT STREET, PALM COAST, FL 32137 | 923,685 |
| CONDO, HYATT VACATION CLUB "TIMESHARE" UNIT 5181 (COCONUT PLANTATION) BONITA SPRINGS, FL | 30,000 |
| FIDELITY ROLLOVER IRA | 18,335 |
| NAVY FEDERAL CREDIT UNION (NFCU), USAA BANK ACCOUNTS | 12,000 |

## PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| NAVY FEDERAL CREDIT UNION (NFCU) HOME MORTGAGE, MERRIFIELD, VA. | 395,619 |
| SPACE COAST CREDIT UNION, MELBOURNE, FL 32941 | 33,849 |
| GM FINANCIAL LEASING CHICAGO, IL 60675 | 8,147 |
| | |

**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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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 |
|---|---|---|
| USN MILITARY RETIRED PAY | DFAS PO BOX 7130 LONDON, KY. 40742 | 75,684 91 |
| FLAGLER COUNTY BOCC COMMISSIONER | 1769 E. MOODY BLVD BLDG #1 BUNNELL, FL 32110 | 4,609 44 |
| SOCIAL SECURITY ADMINISTRATION | 1 JAMAICA PLZ JAMAICA, N.Y. 11432 | 22,102 80 |

**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

NOTE: NOT REQUIRED FOR ME IN 2016 DS

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.

David C Sullivan

**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

**STATE OF FLORIDA**
**COUNTY OF** FLAGLER

Sworn to (or affirmed) and subscribed before me this 15th day of June, 2017 by David C. Sullivan.

Christie L Mayer

(Signature of Notary Public--State of Florida)

CHRISTIE L. MAYER
Commission # FF 202061
Expires April 8, 2019
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** ☐