

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2016

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

JUL 03 2017

RECEIVED



ID Code

ID No. 88316

Conf. Code

Kinsaul, William D

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William D Kinsaul
Clerk of Circuit Court
Bay County
Elected Constitutional Officer
PO Box 968
Lynn Haven, FL 32444-0968

PROCESSED

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 December 31, 20 16 was \$ 453,055.

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 \$ 68,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Interactive Brokers Roth IRA

35,886

457 Deferred Comp Mass Mutual

103,428

American Funds Education IRA

15,831

Rental Apartments Lane Rd, Springfield

115,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Innovations FCU, P.O. Box 15529, PC 32406

122,336

Innovations FCU, P.O. Box 15529, PC 32406

7,690

SmartBank, 2411 Jenks Ave, PC 32405

160,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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
Bay County Clerk of Court	P.O. Box 2269, PC 32402	119,171

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.

STATE OF FLORIDA
COUNTY OF Bay

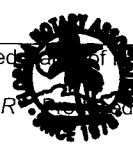
Sworn to (or affirmed) and subscribed before me this 29 day of

June, 2017 by William D. Kinsaul
Barbara Ann Burns
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known X OR

Type of Identification Produced



Barbara Ann Burns
NOTARY PUBLIC
STATE OF FLORIDA
Commission #FE904270
Expires 8/28/2019

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☐

William D. Kinsaul
A Schedule Attached to and Made a Part of
Form 6 Full and Public Disclosure of Financial Interests
Calendar Year Ended 2016

Part B – Assets Worth more than \$1,000 Continued

<u>Description</u>	<u>Value</u>
Savings Acct Panhandle FCU	4,050
Checking Acct Panhandle FCU	2,386
Rental Apartments Ormond Ave., Springfield	160,000
Home under Construction 2402 W. Beach Dr	250,000

Certificate of Attendance



Presented to

Mr. William D Kinsaul

for successfully completing

2017 Winter Conference
February 28-March 2, 2017
Ethics Training: Open Government Overview
4 TB | Activity ID: 0021843

Kristin Olson

SIGNATURE

3544 MacLay Boulevard
Tallahassee, FL 32312
850/921-0808

3/17/2017

DATE