FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUL 05 2017
RECEIVED
98724
PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
Crawford John Alvin

MAILING ADDRESS:
940618 Old Nassauville Road

CITY: Fernandina Beach ZIP: 32034-7496 COUNTY: Nassau

NAME OF AGENCY:
Nassau County Elected Constitutional Officer

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Clerk of the Circuit Court and Comptroller

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 $ 718,335.

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 $ 30,118.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence: 940618 Old Nassauville Road, Fernandina Beach, FL 32034	$94,456.
1869 S 8th Street, Fernandina Beach, FL 32034	$239,880.
1857 S 8th Street, Fernandina Beach, FL 32034 (1/2 Ownership)	$43,117.
See attached Addendum to Form 6	$310,764.

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

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
Nassau County Clerk of Circuit Court	76347 Veterans Way, Ste. 456, Yulee, FL 32097	$112,234.
State of Florida Div. of Retirement	P.O. Box 9000, Tallahassee, FL 32315	$1,718.

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 Nassau

Sworn to (or affirmed) and subscribed before me this 30th day of June, 2017 by John A. Crawford.

(Signature of Notary Public - State of Florida)

Marie Horton
Notary Public
State of Florida
My Commission Expires 02/12/2019
Commission No. FF 199369

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

Personally Known ✓ OR Produced Identification

Type of Identification Produced FL DL H01-54-401-0

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 ☑

ADDENDUM TO FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2016

John Alvin Crawford, 940618 Old Nassauville Road, Fernandina Beach, FL 32034

PART B - ASSETS

BANK ACCOUNTS

Wells Fargo, 1860 S 8th St., Fernandina Beach, FL 32034	$ 24,546.
First Federal Bank of Florida, 1500 Sadler Rd., Fernandina Beach, FL 32034	$ 12,147.
Discover, PO Box 30416, Salt Lake City, UT 84130	$ 22,093.

INVESTMENT

Edward Jones, 95766 Amelia Concourse, Fernandina Beach, FL 32034	$ 10,101.

IRA

Edward Jones, 95766 Amelia Concourse, Fernandina Beach, FL 32034	$ 126,218.

PROPERTY

7501 68th Drive SW, Jasper, FL 32052	$ 115,659.
TOTAL	**$ 310,764.**

PART D - INCOME

Commercial Rental Property:

1869 S 8th St., Fernandina Beach, FL 32034	$10,848.
1857 S 8th St., Fernandina Beach, FL 32034	Less than $1,000.