FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUL 05 2017

RECEIVED

********AUTO**ALL FOR AADC 320 T2 P2 13 281
Matt Brooks
County Commissioner
Levy County
Elected Constitutional Officer
4891 NE 205th Ave
Williston, FL 32696-6952

PROCESSED

ID Code No. 249867

Conf. Code

Brooks, Matt

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 12/31, 20 15 was $ 208,300.

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 $ 87,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Property - 241 S Main St Williston FL 32696	$50,000
Real Property - 547 NW 3rd Ave Williston FL 32696	$240,000
Bank Accounts - Bank of America	$4,500
IRA Account - Northwestern Mutual	$16,800

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage - BB&T 1625 SE 35th Ave Ocala, FL	$115,000
Mortgage - Drummond Bank 342 E Noble Ave Williston FL	$38,000
Auto Loan - Farm Bureau Bank Williston FL	$9,000
Auto Loan - Nissan Finance PO Box 660366 Franklin, TN	$28,000

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
B4 Signs & Advertising	241 S. Main St. Williston, FL	$50,000
Levy BOCC	355 S. Ct. St. Williston, FL	$35,000

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	B4 Signed Advertising	Vision Quest of Charlotte	DAAM Right Holdings
ADDRESS OF BUSINESS ENTITY	241 S. Main St.	1655 Spanish Hwy Ste E	241 S. Main St.
PRINCIPAL BUSINESS ACTIVITY	Printing Business	Charlotte, SC 29407 Printing Business	Property Holding Co.
POSITION HELD WITH ENTITY	President	Vice President	Vice President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Shareholder 50%	Shareholder 30%	Shareholder 50%

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 Palm Beach.

Sworn to (or affirmed) and subscribed before me this 30 day of June, 2017 by Barbara Fraga

(Signature of Notary Public--State of Florida)

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

NOTARY PUBLIC STATE OF FLORIDA
Barbara Fraga
Commission # GG026746
Expires: September 5, 2020
Bonded thru Aaron Notary

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced Drivers License.

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 ☐