FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

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

FOR OFFICE USE ONLY: 259673

LAST NAME — FIRST NAME — MIDDLE NAME: WATSON Charles Richard

MAILING ADDRESS: P.O. Box 691

CITY: Eastpoint ZIP: 32328 COUNTY: Franklin

NAME OF AGENCY: Franklin County Tax Collector

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Franklin County Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FLORIDA COMMISSION ON ETHICS
MAY 22 2018
RECEIVED
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 1/15, 20 18 was $ $1,549,170.

PART B -- ASSETS

SEHOLD GOODS AND PERSONAL EFFECTS:

.ousehold 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 $ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1412 Elm St Eastpoint FL 32328	1,799,000
388 S. Franklin Tallahassee, FL 32301	100,000
Cash	255,249
SEP	464,941

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Mortgage PO Box 14547 Des Moines, IA 50306	348,660
Hancock Bank 189 N. Monroe Tallahassee, FL 32301	180,000

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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
United Charitable Trust	2200 Ross Ave Dallas TX 75201	20,000
Social Security		48,200
Franklin County Tax Collector	PO Box 188, Apalachicola FL 32329	98,000
Richard Watson & Assoc	PO Box 10038	46,000

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	Richard Watson & Assoc		
ADDRESS OF BUSINESS ENTITY	P.O Box 10038		
PRINCIPAL BUSINESS ACTIVITY	Consulting & RE.		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Unlimited		

PART F - TRAINING

Approved 4/10/17

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 thereto is true, accurate and complete.

MARZETTA ALEXANDER DAVIS
Commission # GG 106148
Expires August 19, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

Richard Watson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Franklin

Sworn to (or affirmed) and subscribed before me this 15th day of January, 2018 by Richard Watson

Marzetta Alexander-Davis
(Signature of Notary Public--State of Florida)

Marzetta Alexander-Davis
(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 ☐