FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

FOR FLORIDA USE ONLY:
COMMISSION ON ETHICS
JUN 0 1 2018
RECEIVED

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PROCESSED

Michael S. Bennett
Supervisor Of Elections
Manatee County
Elected Constitutional Officer
7056 Hawks Harbor Cir
Bradenton, FL 34207-5860

ID Code
ID No. 43965
Conf. Code
Bennett, Michael S.

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, 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 [illegible]~~ 12/31/2017, 20 17 was $ 6,794,969.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

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 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
See Attached		

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	See Attached		
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 Manatee

Sworn to (or affirmed) and subscribed before me this 29th day of May 2018 by

(Signature of Notary Public--State of Florida)

Sharon Stief

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

SHARON A. STIEF
Commission # GG 135829
Expires December 17, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

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 ☐

Michael S. Bennett

Diane M. Bennett

7056 Hawks Harbor circle, Bradenton, FL.

[redacted]

Personal financial Statement

12/31/17

Cash assets:			
Sable Palm Bank:	working account;	9,636	
	Payroll account	41,000	
	E15th account	200,513	
	AWE	356	
	Journeyman Exam	4,264	
Bank of America		18,000	
Bank of America		297,700	
US Saving Bonds		43,500	
		Total Cash	614,969
LPL Financial (Tim Self)		40,000	
AEGIS CAPITAL		100,000	
		Traditional investments	140,000

Real Estate:

7056 Hawks Harbor Circle, Bradenton		1,500,000	
7011 301 Blvd. Bradenton		1,000,000	
N/E corner Lorraine and 64	50%net	200,000	
7 acres, Whitfield	50%	350,000	
15 acres Ellenton	24% net	520,000	
Hawks Harbor Point lot	20%net	250,000	
4515 E. !5th	50% net	600,000	
	Total Non-Liquid: real estate		4,420,000

Mortgage investment accounts:

Pineapple Lending	170,000	
MAKO Lending	160,000	
Summerland Funding	430,000	
Sarabay Funding	91,000	
Miscellaneous Mtg.	101,000	
Total investment mortgages		952,000

Retirement accounts

Michael IRA	258,000	
Diane IRA	360,000	
Mass Mutual (deferred comp)	300,000	
Retirement Accounts		918,000
TOTAL ASSETTS		7,044,496



Liabilities:

Cadence Bank	250,000	
	Total Liabilities	250,000

Net Worth 12/31/2017 6,794,969

INCOME:

Manatee County	140,000	
Bright Future Electric	17,400	
Political Insights)	10,800	
Social Security	50,000	
Ipers (DEE RETIREMENT)	12,000	
Rental Income	152,000	
Interest income	60,000	
TOTAL INCOME		442,200

Life insurance:

State of Florida 100,000

Manatee County 140,000

