

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:

88316

FLORIDA
COMMISSION ON ETHICS

JUN 20 2018

RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

Kinsaul William D

MAILING ADDRESS:

PO Box 968

CITY:

Lynn Haven

ZIP:

32444

COUNTY:

Bay

NAME OF AGENCY:

Bay County Clerk of Circuit Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Bay County Clerk of Circuit Court

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 December 31, 20 17 was \$ 456,018.**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 \$ 83,500**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	49,370
457 Deferred Comp Mass Mutual	120,542
American Funds Education IRA	20,017
Rental Apartments Lane Road, Springfield	126,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Innovations FCU, PO Box 15529, PC 32406	117,733
Innovations FCU, PO Box 15529, PC 32406	54,374
SmartBank, 2411 Jenks Avenue, PC 32405	420,000

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
Bay Clerk Clerk of Court	PO Box 2269, PC 32401	125,594
Rental Income	Lane Road	7,828

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 18th day of

June, 20 18 by _____

(Signature of Notary Public--State of Florida) Maide Smiley
NOTARY PUBLIC
STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public) Comm# FF929846
Expires 11/2/2019

Personally Known ☒ OR Produced Identification _____

Type of Identification Produced _____

Bill
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 2017

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

<u>Description</u>	<u>Value</u>
Savings Panhandle FCU	\$ 812
Checking Panhandle FCU	\$ 3,884
Rental Apartments Ormond Ave, Springfield	\$ 176,000
Home Under Construction 2402 W. Beach Dr	\$ 480,000