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:
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240502
2018 JUN 20 PM 12 03

LAST NAME — FIRST NAME — MIDDLE NAME:
WILLIAMSON ROBERT EDWARD

MAILING ADDRESS:
PO BOX 6118

CITY: NAVARRE ZIP: 32566 COUNTY: SANTA ROSA

NAME OF AGENCY:
SANTA ROSA COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
DISTRICT 4 COUNTY COMMISSIONER

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 $ 283,396.80.

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 $ 44,600

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SCHEDULE ATTACHED	263,982.65

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SCHEDULE ATTACHED	25,185.85

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
ROB WILLIAMSON LANDSCAPING LLC	PO BOX 6118 NAVARRE, FL 32566	45,000
SANTA ROSA COUNTY	6495 CAROLINE ST MILTON, FL 32583	67,000

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
ROB WILLIAMSON LANDSCAPING	HMA - SANTA ROSA MEDICAL	6002 BERRY HILL ROAD MILTON, 32570	HOSPITAL
ROB WILLIAMSON LANDSCAPING	DESTINY BY THE SEA	4811 OCEAN BLVD DESTIN, FL 32541	HOA

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 Santa Rosa

Sworn to (or affirmed) and subscribed before me this 20th day of June, 2018 by Rob Williamson.

Michelle B. Parker
(Signature of Notary Public-State of Florida)

MICHELLE B. PARKER
NOTARY PUBLIC-STATE OF FLORIDA
(Print, Type, or Stamp Commissioned Name of Notary Public)

MY COMMISSION #GG 132388
MY COMM. EXPIRES OCTOBER 21, 2021

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced N/A

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 ☒

PART B – ASSETS INDIVIDUALLY VALUED AT OVER $1,000

DESCRIPTION OF ASSSET	VALUE OF ASSET
Bank of America Checking	$ 14,532.00
Bank of America Checking	$ 4,873.76
BBVA Checking	$ 41,944.89
Rob Williamson Landscaping LLC	$ 175,132.00
2008 Toyota Tundra	$ 11,000.00
2010 Chevy Silverado	$ 15,000.00
14' Boat	$ 1,500.00
Total	$ 263,982.65

PART C – LIABILITIES IN EXCESS OF $1,000

NAME AND ADDRESS OF CREDITOR

Promissory Note: Thomas Akers 116 Nivana Crestview, FL 32536	$2773.70
Promissory Note: Sam Carlisle 8076 Hickory Hammock Milton, FL 32583	$3326.75
Promissory Note: Travis Morales 201 Byrom Ct. Crestview, FL 32539	$4378.00
Promissory Note: Pete Racine 7505 East Bay Blvd Navarre, FL 32566	$3918.55
Promissory Note: Pamela Langham 91 Bay Bridge Dr. Gulf Breeze, FL 32561	$2733.21
Promissory Note: Larry Matthews 114 East Gregory St. Pensacola, FL 32502	$2000.08
Promissory Note: Aaron Kuaile 3353 Green Briar Circle Gulf Breeze, FL 32563	$999.20
Capital One: PO BOX 60599 City of Industry, CA 91716	$5056.36
Total	$25,185.85