FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2018

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

FOR OFFICE USE ONLY:

PROCESSED
FLORIDA
COMMISSION ON ETHICS
FEB 0 8 2019
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71960

LAST NAME — FIRST NAME — MIDDLE NAME:
Russell, Stephen B

MAILING ADDRESS:
PO Box 2426

CITY: Fort Myers | ZIP: 33902 | COUNTY: Lee

NAME OF AGENCY:
State Attorney - 20th CIrcuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Attorney - 20th Circuit

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, 2018 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 Decmeber 31, 20 18 was $ 2,122,900.

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 $ 110,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
IRC Deferred Compensation/State of FL (T. Rowe Price - Mutual Funds)	911,108
Roth IRA (Raymond James - Mutual Funds)	358,515
Capital Access Account (Raymond James - Mutual Funds)	50,228
*See Addendum - Attached list	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Two Home Mortgages (Chase - Louisville, KY)	323,786
Southeast Toyota Finance (Charlotte, NC)	20,500

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
State of Florida	Comptroller's Office. Tallahassee, FL	169,554
Social Security	Washington, D.C.	33,537

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.

Stephen B Russell

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF FLORIDA / LEE

Sworn to (or affirmed) and subscribed before me this 6 day of FEBRUARY, 20 19 by STEPHEN B RUSSELL

Rebecca Pardue

(Signature of Notary Public--State of Florida)

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

REBECCA J PARDUE
Notary Public - State of Florida
Commission # GG 108237
My Comm. Expires Jul 25, 2021
Bonded through National Notary Assn.

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 ☑

ADDENDUM to

FORM 6 - Full and Public Disclosure of Financial Interests – 2018
for
Stephen B Russell

Part B – Additional Assets Individually Valued at Over $1,000 (December 31, 2018):

Vanguard Money Market	$ 21,627
Residence – Fort Myers, FL 33912 (50% - Tenant in Common)	176,039
Deferred Retirement Option Account/State of FL	839,669

Stephen B Russell
PO Box 2426
Fort Myers, FL 33902

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COMMISSION ON ETHICS
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February 6, 2019

Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Re: Form 6 - Full and Public Disclosure of Financial Interest, including Addendum, for 2018

Dear Sir or Madam,

Enclosed for filing, please find an original Form 6 - Full and Public Disclosure of Financial Interest, including Addendum, for 2018. I terminated employment as the elected State Attorney for the 20th Judicial Circuit on December 31, 2018.

Your assistance in filing this form is most appreciated.

Sincerely,

Stephen B. Russell