FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 07 2019

RECEIVED

259673

Mr Charles (Rick) Richard Watson
Franklin County Tax Collector
Franklin County
Elected Constitutional Officer
1412 Elm Court
St. George Island FL 32328

PROCESSED

Watson Charles (Rick) Richard

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 1/15, 20 18 was $ 1,721,482.99.

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 $ 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 Ct. SGI, FL	1,299,000.
388 S. Franklin Blvd, Tallahassee, FL 32301	100,000.
Cash	18,902.99
SEP / Securities	353,480.

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	320,000
Harvest Bank 101 N Monroe St, Tallahassee, FL 32301	180,000

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
Richard Charlotte Trust Social Security	2200 Ross Ave, Dallas, TX 75201	24,000
Franklin County Tax Collector	PO Box 183, Apalachicola, FL 32320	44,000
Charles Richard Watts, LLC	1412 Elm Ct, SGI, FL 32328	9,377
		50,000

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	Charles Richard Watts LLC		
ADDRESS OF BUSINESS ENTITY	1412 Elm Ct SGI, FL 32328		
PRINCIPAL BUSINESS ACTIVITY	Consultant / R.E		
POSITION HELD WITH ENTITY	Steward Major		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Unrestricted		

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 Franklin

Sworn to (or affirmed) and subscribed before me this 3 day of June, 2019 by Richard Watts.

AMY B. COOK MY COMMISSION EXPIRES MARCH 21, 2020 #FF 973175 Bonded thru Troy Fain Insurance NOTARY PUBLIC, STATE OF FLORIDA

Amy B Cook
(Signature of Notary Public--State of Florida)

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

Richard Watts
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☐

Office of the Tax Collector, **Franklin County, Florida**

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Apalachicola, Florida 32329

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