FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Townsend Cathy

MAILING ADDRESS:
474 Peninsula Dr
Ft Pierce 34946 St Lucie

CITY: ZIP: COUNTY:
Board of County Commissioners

NAME OF AGENCY:
Commissioner District 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
234541

PROCESSED

FLORIDA COMMISSION ON ETHICS
JUN 02 2020
RECEIVED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 May 29, 2020 was $ 1,603,619.49.

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 $ 229,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached Sheet	
	229,000.00
	1,909,800.00

PART C -- LIABILITIES

2,138,800

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Center State Bank	350,000.00
Alley Bank	15,330.23
Rushmore PO BOX Irvine CA 92619	169,850.28

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

535,180.51

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
BOCC SLC	2300 Virginia Ave FP	80,969.00
James L. King & Associates	474 Peninsula Dr FP	32,000.00

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
James L King & Assoc	S.FL Water Management	3301 Gun Club Rd, WPB	Bush hog mowing

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	James L King & Assoc		
ADDRESS OF BUSINESS ENTITY	474 Peninsula Dr., FP		
PRINCIPAL BUSINESS ACTIVITY	Bush hog mowing		
POSITION HELD WITH ENTITY	Owner/Vice President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	51%		

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.

Cathy Townsend

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 29th day of May, 2020 by Cathy Townsend.

COLEEN HAMILTON
Commission # GG 334484
Expires July 4, 2022
Bonded Thru Budget Notary Services

(Signature of Notary Public-State of Florida)

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

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 ☐

FORM 6 Public Disclosures 2020

Cathy Townsend

I think Bank	52,000.00
Center State Bank	12, 560.00
PNC Bank	103,062.00
Alliance Annuity	6,290.00
Vulcan materials	5,038.00
Taiwan Semi Conductor	5,810.00
Wells Fargo	7,263.00
Mutual Funds	68,785.00
Caterpillar	12,208.00
IRS cash	6,784.00

474 Peninsula Drive	975,000.00
1300Ibis Avenue	295,000.00
1548 Hunter Road	150,000.00
Trobridge Road	175,000.00
Wilson Resort	15,000.00
Silver beach Club	20,000.00
	1.909,800.00

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

FOR OFFICE USE ONLY:

PROCESSED

RECEIVED
MAY 29 2020
GERTRUDE WALKER
SUPERVISOR OF ELECTIONS, ST LUCIE CO.

234541

LAST NAME — FIRST NAME — MIDDLE NAME:
Townsend Cathy

MAILING ADDRESS:
474 Peninsula Dr

CITY: Ft Pierce ZIP: 34946 COUNTY: St Lucie

NAME OF AGENCY:
Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Commissioner District 5

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, 2019 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 May 29, 20 20 was $ 1,603,619.49.

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 $ 229,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached	
	2,138,500.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Centier State Bank Okeechobee Rd FT	350,000.00
Ally Bank PO Box 380901 Bloomington MN 55438	15,330.23
Pushmore PO Box Irvine CA 92612	169,850.26

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

(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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
Bcbo SLC	2300 Virginia Ave Ft Pierce	80,967.00
James L King & Assoc. INC	474 Peninsula DR. Stuart	50,000.00

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
James L King Assoc.	SFWMD	2300 Gun Club Road	Marketing

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	James L King & Assoc.		
ADDRESS OF BUSINESS ENTITY	474 Peninsula DR.		
PRINCIPAL BUSINESS ACTIVITY	Marketing		
POSITION HELD WITH ENTITY	VP / owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	51%		

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.

Cathy Townsend
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Saint Lucie

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 29th day of May, 2020 by Cathy Townsend.

Kris Barcomb
(Signature of Notary Public--State of Florida)

KRIS MICHALSKI BARCOMB
Commission # GG 357783
Expires July 28, 2023
Bonded Thru Budget Notary Services

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

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL driver license

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 ☐

FORM 6 Public Disclosures 2020

Cathy Townsend

I think Bank	52,000.00
Center State Bank	12, 560.00
PNC Bank	103,062.00
Alliance Annuity	6,290.00
Vulcan materials	5,038.00
Taiwan Semi Conductor	5,810.00
Wells Fargo	7,263.00
Mutual Funds	68,785.00
Caterpillar	12,208.00
IRS cash	6,784.00

474 Peninsula Drive	975,000.00
1300Ibis Avenue	295,000.00
1548 Hunter Road	150,000.00
Trobridge Road	175,000.00
Wilson Resort	15,000.00
Silver beach Club	20,000.00
	1.909,800.00