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FLORIDA
COMMISSION ON ETHICS
JUL 01 2022
RECEIVED

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

PROCESSED

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

Aden Eric Scott

MAILING ADDRESS:

50 2nd Street

Okaloosa

Shalimar 32579.1748

CITY:

ZIP:

COUNTY:

THIS FORM AMENDS THE (Choose one)



FORM 6 I FILED FOR THE YEAR: 2021

(Use a separate Form 6X for each Form 6 you are amending.)



FORM 6F I FILED FOR THE PERIOD

January 1, THROUGH

(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Sheriff

WITH THIS GOVERNMENTAL AGENCY: Okaloosa County Sheriff's Office

PART A - NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of June 15, 2022 was \$ 453,800.00

PART B - ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 75,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Home - 20 Shalimar Drive Shalimar FL 32579	550,000
FL Prepaid 4200/Roth IRA 5800.5293800	13,800
Bank of America 23,000 Hancock 1000	24,000
Scout boat 15,000 xxwll-ansPART C - LIABILITIES Rd. Falm 160,000.	175,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Eglin Federal Credit Union	227,000.00
Eglin Federal Credit Union	15,000
Mr. & Mrs. Ward (private mortgage)	142,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D - INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☐

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Okaloosa County Sheriff's Office	50 2nd Street Shalimar FL 32579	153,000.

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 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See Instructions p. 6]

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

PART G — EXPLANATION OF CHANGES

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

STATE OF FLORIDA
COUNTY OF Okaloosa

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.

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 28 day of

June, 2022 by Eric Aden

Kathryn P. Tingle
(Signature of Notary Public--State of Florida)

Kathryn P. Tingle
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

PART G:

Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.