

FORM 6**FULL AND PUBLIC DISCLOSURE****2020**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Kinsaul

William

David

MAILING ADDRESS:

PO Box 968

CITY:

Lynn Haven

ZIP:

32444

COUNTY:

Bay

NAME OF AGENCY:

Bay County Clerk of Circuit Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Bay County Clerk of Circuit Court

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PROCESSED

88316

FLORIDA
COMMISSION ON ETHICS

JUL 06 2022

RECEIVED

PART A -- NET WORTHPlease enter the value of your net worth as of December 31, 2020 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, 2021 was \$ 1,622,348.

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 \$ 146,871

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Interactive Brokers	62,310
TD Ameritrade	408,872
Mass Mutual 457	218,267
Panhandle Checking	4,134

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Loan Depot, Town Centre Dr Foothills Ranch CA	423,855
Innovations Federal Credit Union, PO Box 15529, Panama City Bch FL 32406	69,560

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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
Bay County Clerk of Circuit Court	300 E. 4th Street, Panama City, FL 32401	135,343
Orion South, LLC	PO Box 968, Lynn Haven FL 32444	31,547

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

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.

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

Bay

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

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

June 29, 2022 by Bill Kinsaul



(Signature of Notary Public--State of Florida)

PATRICE SMART

Commission # GG 280734

Expires January 20, 2023

Bonded Thru Budget Notary Services

(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 ☒

WILLIAM D. KINSAUL

A Schedule Attached to and made a Part of

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

Part B – Assets worth more than \$1,000 Continued

Description of Asset	Value
Home Beach Dr., PC	\$ 625,000
Lane Rd Rental Units	\$ 150,000
Rental House Pridgen St, (Springfield)	\$ 99,000
Rental House East Ave	\$ 94,000
Rental House **07 Block Dr (Tallahassee)	\$ 115,000
Rental House **11 Block Dr (Tallahassee)	\$ 115,000
Vacant Lot Helen Ave (Springfield)	\$ 22,000
Vacant Lot 9 th Street	\$ 45,000
Panhandle Credit Union Savings	\$ 2,134
Innovations Orion South	\$ 5,400
Innovations Share	\$ 1,510