FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST 2013

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

FOR OFFICE USE ONLY:

SUPERVISOR OF ELECTIONS

2014 MAY 30 A 10:05

LAST NAME — FIRST NAME — MIDDLE NAME:
McLaughlin Nathan Avery

MAILING ADDRESS:
PO Box 351495

CITY: Palm Coast | ZIP: 32135 | COUNTY: Flagler

NAME OF AGENCY:
Flagler County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Commissioner, District 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

COPY

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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, 20 13 was $ 12,855

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.

The aggregate value of my household goods and personal effects (described above) is $ 5,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2005 Kawasaki Motorcycle	$2,585
2012 Toyota Carolla	$17,000
1994 Suzuki Motorcycle	$2,735
none	0
none	0

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Southeast Toyota Finance (auto loan) PO Box 991817 Mobile AL 36691-8817	$12,284.32
GE Capital Retail Bank (motorcycle loan) PO Box 960061 Orlando, Fl 32896	$2180.60
none	0
none	0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
none	o
none	0
none	0

PART D – INCOME

You may ***EITHER*** (1) file a complete copy of your 2013 federal income tax return, *including all W2's, schedules, and attachments*, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds $1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

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PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Flagler Board of County Commissioners	1769 E. Moody Blvd. Bunnell Fl 32110	$47992.14
Watson Realty Corp.	7821 Deer Creek Club Rd. Jacksonville FL. 32256	$2,751.48
none	none	0

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
none	none	none	none
none	none	none	none
none	none	none	none

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	none	none	none
ADDRESS OF BUSINESS ENTITY	none	none	none
PRINCIPAL BUSINESS ACTIVITY	none	none	none
POSITION HELD WITH ENTITY	none	none	none
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	none	none	none
NATURE OF MY OWNERSHIP INTEREST	none	none	none

COPY

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

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 Flagler

Sworn to (or affirmed) and subscribed before me this 28 day of May, 2014 by

Signature of Notary Public–State of Florida

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

LUCI M DANCE
Notary Public - State of Florida
My Comm. Expires Jun 17, 2017
Commission # FF 038532

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.