

OF FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:
 O'Brien Donald Thomas

MAILING ADDRESS:
 42 Bickford Dr.

Palm Coast FL 32137 Flagler
 CITY: ZIP: COUNTY:

NAME OF AGENCY:
 Flagler County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 County Commission District 5

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 6/1, 20 16 was \$ 584,924.

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 \$ 170,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached schedule - Total	\$ 818,936

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached schedule - Total	\$ 464,012

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	—
	—
	—

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2015 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
Harward Brown Flagler Inc	Bunnell FL	57,232
Harward Brown Flagler Inc	Bunnell FL	17,182

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			

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

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

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.

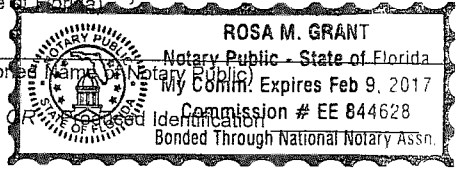
STATE OF FLORIDA
COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 20th day of

JUNE, 2016 by Donald O'Brien
Rosa M Grant
(Signature of Notary Public--State of Florida)

Donald O'Brien
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Donald O'Brien
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
Schedule B - Assets Individually Valued at Over \$1,000
as of 6/1/2016

Description of Asset	Value of Asset
Stock - Hayward Brown Flagler Inc.	\$ 305,000
401(k) - Mutual Funds - The Hartford	\$ 8,849
Bank Account - Fidelity Financial	\$ 10,780
Bank Account - US Bank	\$ 4,027
Bank Account - Intracoastal Bank	\$ 3,593
Residence - 42 Bickford Drive	\$ 255,000
Promissory Note - Sandra McDermott	\$ 291,687
TOTAL	\$ 878,936

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Donald O'Brien
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
Schedule C - Liabilities in Excess of \$1,000
as of 6/1/2016

Name & Address of Creditor	Amount of Liability
Mortgage - Ronald Szymanski - 84 Comanche Ct.	\$ 245,000
Student Loan - Navient Solutions - Wlikes Barre, PA	\$ 24,125
Car Loan - Space Coast Credit Union	\$ 19,884
Car Loan - Wells Fargo Dealer Services	\$ 16,650
Judgment - RBC Bank	\$ 103,610
Judgment - BB&T	\$ 54,743
TOTAL	\$ 464,012

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