FORM 6

FULL AND PUBLIC DISCLOSURE

2013

FICE USE ONLY

lease print or type your name, mailing iddress, agency name, and position below:	OF	FINANCIAL	INTER	EST	FOR ()FI
LAST NAME - FIRST NAME - MIDD	LE NAME:		Commercial		RIPERATUS A	A. A.
leeker, Frank James						V
MAILING ADDRESS:			, W			
				t		

41 Cochise Court

CITY: Paim Coast

ZIP ·

COUNTY:

32137

Flagler

NAME OF AGENCY:

Flagler County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Flagler County Board of County Commissioners, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEVED SUPERVISOR OF ELECTIONS

MAY I 9 2014

FLAGLER COUNTY, FL KIMBERLE B. WEEKS

PARTA - 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 5/18

20 14 was \$ 453.2K

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 \$ _

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Annuity, Allianz, P.O, Box 561, Minneapolis, Mn. 55440-0561	\$95.4K
Cars, 2005 Crossfire, 2012 Ford Edge, motor cycle 2005 Yamaha FJR 1500	\$42.2K
Bank Accounts (Bank of America Checking and Savings, PNC Checking)	\$4K
House and Property located at 41 Cochise Court	\$350K
small flats boat still under repair, some tools	\$3K

PART C - LIABILITIES

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

Ford Edge, TD Auto Finance, PO Box 9001921, Louisville, Ky, 40290-1921

AMOUNT OF LIABILITY

\$26.4K Home Mortgage, Bank of America, 2 Old Kings Road, Palm Coast, Fl. 32137

\$66K

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

N/A

CE FORM 6 - Effective January 1, 2014 Adopted by reference in Rule 34-6.002(1): F.A.C.

(Continued on reverse side) .

PAGE 1

		PART D INCOME	loop from both from late bline bart
You may EITHER (1) file a statement identifying each	a complete copy of your 2013 f	rederal income tax return, including all W2's, sche of income which exceeds \$1,000, including second	CEVED dules, and attachments; OR (2) file a sw
remainder of Part D, below		of income which exceeds \$1,000, including secon	ndary sources of income, by completing
l elect to file a copy	of my 2013 federal income tax	return and all W2's, schedules, and attachments.	MAY 1 9 2014
in you once this be	ox and attach a copy of your 201	13 tax return, you need not complete the remainde	r of Part D.J.FLAGLER COUNTY
PRIMARY SOURCES OF I	NCOME (See instructions on I	page 5):	KIMBERLE B. WEE
	INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INC	COME AMOUNT
Flagler County Board o	f County Commissioners	1769 E. Moody Blvd, Bunnell, Fl. 321	
			A VA VA VA
SECONDARY SOURCES O	E NICONE III) (Ma)	
NAME OF	NAME OF MAJO	clients, etc., of businesses owned by reporting pers	on-see instructions on page 5]:
BUSINESS ENTITY	OF BUSINESS	R SOURCES ADDRESS S'INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A
	PART E - INTERESTS I	N SPECIFIED BUSINESSES [Instructions	on page 6]
NAME OF	BUSINESS ENTITY	#1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD			
WITH ENTITY OWN MORE THAN A 5%			
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FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Meeker Frank Jam Mailing address: 41 Cochise Court CITY: ZIP: COUR Palm Coast 32137 Flag	of Financial Interests) I FILED FOR THE Y DURING THAT YEAR, I HELD, OR WA POSITION OF: Flagler County Cor WITH THIS GOVERNMENTAL AGENCY PART A NET WORTH	YEAR: 2013 AS A CANDIDATE FOR, THE mmission EY: Flagler County
[Instructions on page 3] If your reported net worth will change be chosen for the original Form 6 you are seeking to amend, togeth	ecause of this amendment, please enter the corrected value oner with that date:	f your net worth as of the date
My net worth as of5/	18, 20 <u>13</u> _{was \$} 543.2	
A SECTION OF THE PROPERTY OF T		
HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instruction of you are amending the value originally reported for household. The aggregate value of my household goods and personal effects. ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	d goods and personal effects, please enter the amended value	e belows
DESCRIPTION OF ASSET		VALUE OF ASSET
Annuity, Allianz, P.O. Box 561, Minneapolis	, Mn. 55440-0561	95.4K
Cars, 2005 Crossfilre, 2012 Ford Edge, 200	5 Yamaha Motorcycle	42.2K
Bank Accounts, House and Property at 41 C	Cochise Court, Misc goods	357K
PALIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4): NAME AND ADDRESS OF CREDITOR Ford Edge, TD Auto Finance, P.O. Box 9001 Home Mortgage, Bank of America, 2 Old Kin	RT C – LIABILITIES 921, Louiseville, Ky, 40290-1921	AMOUNT OF LIABILITY 26.4K
gege, bank of America, 2 Old Kill	gs Road, Palm Coast, Fl. 32137	66K
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR N/A		AMOUNT OF LIABILITY N/A
you are filing an amended copy of your federal income tax ret RIMARY SOURCES OF INCOME (Instructions on page 4): NAME OF SOURCE OF INCOME EXCEEDING \$1,000		se check here:
gler County Board of County Commissio	ADDRESS OF SOURCE OF INCOME	AMOUNT
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1769 Moody Blvd, FI 32110	51K

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	see instructions on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A
		Gentral and the Annual State of the Commission o	
PART	TE — INTERESTS IN SPECIFIED I	BUSINESSES [Instructions o	n page 51
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY#3
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	PART F — EXPLANATION	ON OF CHANGES	TO TAKE
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OAT] e person whose name appears at a nining of this form, do depose on o say that the information disclosed	H STATE O COUNTY the Sworn to eath or affirmation on this form	F FLORIDA (agler (or affirmed) and subscribed before	2.9
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OAT] e person whose name appears at a nning of this form, do depose on o say that the information disclosed any attachments hereto is true, ac	H STATE OF COUNTY the Sworn to county on this form curate, Signature	F FLORIDA and subscribed before (or affirmed) and subscribed before 20 14 by F of Notary Public—State of Florida in M. Cauce	e me this 29 day of vank Meeker LUCI M DANCE Notary Public - State of F
OAT] e person whose name appears at a nning of this form, do depose on o say that the information disclosed any attachments hereto is true, ac	H STATE OF COUNTY the Sworn to county on this form curate, Signature	F FLORIDA GALEY (or affirmed) and subscribed before (or affirmed) and subscribed before 20 14 by F	e me this 29 day of vank Meeker

INSTRUCTIONS FOR COMPLETING and FILING FORM 6 X:

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 6 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

PARTS A through E:

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

PART F

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

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.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864.

Contract to the contract of th			
	Assets	Liabilities C	alculation
Annuity	95.4 Car Loans	26.4	around thom
Cars	42.2 2d mortga		
Savings	4		
House Est Value	350		
Flats boat and tools	3		
Commission Salary	51		
Household goods	90		
	635.6	92.4	543.2



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

LAST NAME - FIRST NAME - MIDDLE NAME (same as a	Y .	
Meeker, Frank James SUPERVISOR OF EL	OS THE FORM 6 (Full and Public Disclosure ED FOR THE YEAR: 2012	
MAILING ADDRESS: MAY 1 9 20		LD FOR THE FEAR: 2012
41 Cochise Court	DURING THAT YEAR,	HELD, OR WAS A CANDIDATE FOR, THE
FLAGLER COUN KIMBERLE B. W	POSITION OF Flagler C	ounty Board of County Commission
CITY: ZIP:	* WITH THIS GOVERNM Flagler County	ENTAL AGENCY:
I dilli oudst	Flagler County	All the real of the second sec
	PART A NET WORTH	
[Instructions on page 3] If your reported net worth will char chosen for the original Form 6 you are seeking to amend,	ge because of this amendment, please enter the co ogether with that date:	orrected value of your net worth as of the date
My net worth as of December		-
以《美国的英语·马斯特·罗斯特·罗尔·罗斯·马萨·马斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯特·斯		
	PART B ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS (Install If you are amending the value originally reported for hou	uctions on page 3): ehold goods and personal effects, please enter the	amended value below:
The aggregate value of my household goods and person	al effects as of the above date was \$ 85K	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000.		
DESCRIPTION OF ASSET	VALUE OF ASSET	
Annuity, Allianz, P.O, Box 561, Minneapolis, Mn	92K	
Bank Accounts (Bank of America Checking and		
	4K	
louse and Property located at 41 Cochise Cour		392 K
	PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (Instructions on page		
NAME AND ADDRESS OF CREDITOR	*/	AMOUNT OF LIABILITY
econd Mortgage on Home, Bank of American,		
ar Loan, TD Auto Finance, P.O. Box 9223, Fan	· · · · · · · · · · · · · · · · ·	
	25K	
	The state of the s	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABO NAME AND ADDRESS OF CREDITOR	VE:	
MARIE AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
<u>'A</u>		N/a
	PART D - INCOME	
you are filing an amended copy of your federal income t RIMARY SOURCES OF INCOME (Instructions on page 4):	ax return, including all W2's, schedules, and att	achments, please check here:
NAME OF SOURCE OF INCOME EXCEEDING \$1,000		
RWMD	ADDRESS OF SOURCE OF INCOM	
y of Palm Coast	P.O. Box 1429, Palatka, FI 32178	95K
, with outst	60 Cypress Point Parkway, Palm Coas	t, FI 3213 10K

on this formand any attachments hereto is true, accurate, and complete, (Signature of Notary PublicState of Florida) CHRISTIE L MAYER	
PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 ADDRESS OF BUSINESS ENTITY # 4 ADDRESS OF BUSINESS ENTITY # 4 ADDRESS OF BUSINESS ENTITY # 5 BUSINESS ENTITY # 6 BUSINESS ENTITY # 7 ADDRESS OF BUSINESS # 7 ACTIVITY # 7 AGLER COUNTY OF PARTS A THROUGH FARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE TO COUNTY OF TAIL TO BUSINESS ENTITY # 7 BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 AGLER COUNTY # 1 AGLER	
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CHRISTIE L. MAYER	
Commission # EE 056841 (Pont. Type, or Standard Science April 8/2045/ Public)	
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Personally Known Bond Thirt residence of the control of the cont	
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 m	ust
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.	ın
to the content of the form. Spaining reasonable kilowiedge 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 unde	r oath.
INSTRUCTIONS FOR COMPLETING and FILING FORM 6 X: PARTS A through E: WHERE TO FILE:	
Use these sections of the form to report the new information you If you are amending a Form 6 you filed as a candidate, file the Fr	orm 6X
believe should have been reported on your original Form 6, continuing on a separate sheet if necessary. Additional instructions are found	ersons
on pages 3-5, attached. Tallahassee, FL 32317-5709; physical address: 325 John Knox	15709, Road,
ART F: Building E, Sulte 200, Tallahassee, Florida 32303.	
Use this section of the form to explain the changes in your original Form 6. About this form or the ethics laws may be addressed to the Commiss	
ATH: Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical ad 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 3	do nois
All information on this form should be submitted under oath telephone (850) 488-7864.	tion on