

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

OF FINANCIAL INTEREST

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Meeker, Frank James

MAILING ADDRESS:

41 Cochise Court

CITY:

Palm Coast

ZIP:

32137

COUNTY:

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

COPY

RECEIVED
SUPERVISOR OF ELECTIONS

MAY 19 2014

FLAGLER COUNTY, FL
KIMBERLE B. WEEKS

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 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

AMOUNT OF LIABILITY

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

PART D -- INCOME

RECEIVED

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.

MAY 19 2014

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.]

FLAGLER COUNTY, FL
 KIMBERLE B. WEEKS

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Flagler County Board of County Commissioners	1769 E. Moody Blvd, Bunnell, FL 32110	\$51K

COPY

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
N/A	N/A	N/A	N/A

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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.

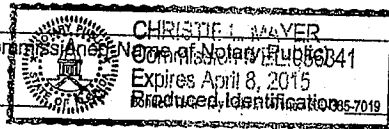
STATE OF FLORIDA
 COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 19 day of

May, 2014 by Frank J. Meekler

Christie Spay
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Expires April 8, 2015
 Personally Known



Frank J. Meekler
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced

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.

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

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

MAILING ADDRESS:
41 Cochise Court

CITY: **Palm Coast** ZIP: **32137** COUNTY: **Flagler**

- ◆ THIS FORM 6X AMENDS THE FORM 6 (Full and Public Disclosure of Financial Interests) I FILED FOR THE YEAR: 2013
- ◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Flagler County Commission
- ◆ WITH THIS GOVERNMENTAL AGENCY: Flagler County

COPY

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 chosen for the original Form 6 you are seeking to amend, together with that date:

My net worth as of 5/18, 20 13 was \$ 543.2

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 \$ 90K

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET

DESCRIPTION OF ASSET	VALUE OF ASSET
Annuity, Allianz, P.O. Box 561, Minneapolis, Mn. 55440-0561	95.4K
Cars, 2005 Crossfire, 2012 Ford Edge, 2005 Yamaha Motorcycle	42.2K
Bank Accounts, House and Property at 41 Cochise Court, Misc goods	357K

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ford Edge, TD Auto Finance, P.O. Box 9001921, Louisville, Ky, 40290-1921	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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

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
Flagler County Board of County Commission	1769 Moody Blvd, Fl 32110	51K

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
N/A	N/A	N/A	N/A

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
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			

COPY

PART F — EXPLANATION OF CHANGES

Left out the aggregate value of my household goods.

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

OATH

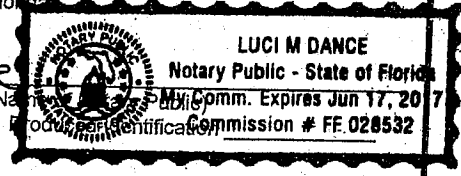
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 29 day of May, 2014 by Frank Meeker

Luci M Dance
(Signature of Notary Public—State of Florida)

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



Frank Meeker
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR _____
Type of Identification Produced _____

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.

	Assets	Liabilities	Calculation
Annuity	95.4	Car Loans	26.4
Cars	42.2	2d mortga	66
Savings	4		
House Est Value	350		
Flats boat and tools	3		
Commission Salary	51		
Household goods	90		
	635.6	92.4	543.2

COPY

MAY 29 A 9:31

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

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):
Meeker, Frank James SUPERVISOR OF ELECTIONS

MAILING ADDRESS:
41 Cochise Court

MAY 19 2014

FLAGLER COUNTY, FL
KIMBERLE B. WEEKS

CITY: **Palm Coast** ZIP: **32137** COUNTY: **Flagler County**

◆ THIS FORM 6X AMENDS THE FORM 6 (Full and Public Disclosure of Financial Interests) I FILED FOR THE YEAR: **2012**

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: **Flagler County Board of County Commission**

◆ WITH THIS GOVERNMENTAL AGENCY: **Flagler County**

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 chosen for the original Form 6 you are seeking to amend, together with that date:

My net worth as of **December 31**, 20 **12** was \$ **498K\$**

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 \$ **85K**

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Annuity, Allianz, P.O, Box 561, Minneapolis, Mn. 55440-0561	92K
Bank Accounts (Bank of America Checking and Savings, PNC Checking)	4K
House and Property located at 41 Cochise Court, Cars, Small boat, motorcycle	392 K

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Second Mortgage on Home, Bank of American, 2 Old Kings Road, Palm Coast, Fl. 32137	50K
Car Loan, TD Auto Finance, P.O. Box 9223, Farmington Hills, Mi 48333-9223	25K

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/a

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
SJRWMD	P.O. Box 1429, Palatka, Fl 32178	95K
City of Palm Coast	160 Cypress Point Parkway, Palm Coast, Fl 32137	10K

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
N/a	N/a	N/a	N/a

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/a	N/a	N/a
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			RECEIVED SUPERVISOR OF ELECTIONS
POSITION HELD WITH ENTITY			MAY 1 8 2014
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			FLAGLER COUNTY, FL
NATURE OF MY OWNERSHIP INTEREST			KIMBERLE B. WEEKS

PART F — EXPLANATION OF CHANGES

Printed out the draft instead of the final copy, draft did not have the name and address of the creditors listed.

IF ANY OF PARTS A THROUGH F 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.

STATE OF FLORIDA
COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 19 day of

May, 2014 by Frank J. Meeker

Christie Mayer
(Signature of Notary Public--State of Florida)

Frank J. Meeker
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or State Personally Known)



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 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 6 X:

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

QUESTIONS:

About this form or the ethics laws may be addressed to 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; telephone (850) 488-7864.