

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:

Richter Mark Charles SR

MAILING ADDRESS:

5814 IRONWOOD Ave

Bonnell

32110

Hagler

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

County Commissioner District 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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 JUNE 10, 20 14 was \$ 192,000.00

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 \$ 18,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
* See Attached B	235,134.15

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
* See Attached C	42,502.07

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
* See Attachment	See Attachment A	10,269.-

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	
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			

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 10th day of

JUNE, 2014 by MARK RICHTER

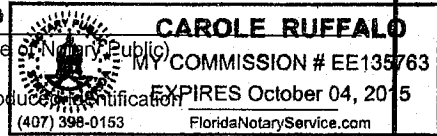
Carole Ruffalo
 (Signature of Notary Public--State of Florida)

CAROLE RUFFALO
 (Print, Type, or Stamp Commissioned Name of Notary Public) **CAROLE RUFFALO**
 MY COMMISSION # EE135763

Personally Known OR Produce Identification EXPIRES October 04, 2015

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



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.

Exhibit A

FLORIDA
COMMISSION ON ETHICS
16 JUN 16 10:11 AM

Mark Richter 2014

Part D – Income

COPY

PBGC-United Airlines/ PBGC

PO Box 151750

Alexandria, VA 22315-1750

\$551.53

Deed income 2312 Amelia

\$304.18

- See enclosed letter from Florida Commission on Ethics

Subject: Your Inquiry
From: Zuilkowski, Steven (ZUILKOWSKI.STEVEN@leg.state.fl.us)
To: flyingrichter@yahoo.com;
Date: Monday, June 9, 2014 10:27 AM

RECEIVED
FLORIDA COMMISSION ON ETHICS
JUN 20 16 10 24 AM

Dear Mr. Richter:

You stated in your telephonic inquiry today that you receive compensation under the Longshoreman Act for an injury sustained during the conflict in Afghanistan. You asked whether you must disclose that compensation as income on your Form 6 submission. The answer is no.

For the purposes of a Form 6 submission, "income" means anything that is considered "gross income" under Federal law. Under Federal law (26 USC 104(a)), any amount received under a workmen's compensation act for personal injury or sickness is excluded from gross income. The Longshoreman Act is a workmen's compensation statute (See 26 CFR 1.104-1(b)). Therefore, any compensation you receive under the Longshoreman Act for an injury is not Federal gross income and is not disclosable on your Form 6 submission.

If you have any other questions, please feel free to call the Commission on Ethics again. If you call regarding this matter, please reference this email.

Sincerely,

Steven J. Zuilkowski

Steven J. Zuilkowski

Staff Attorney

Florida Commission on Ethics

Post Office Drawer 15709

Tallahassee, FL 32317-5709

(850) 488-7864

RECEIVED
JUN 16 2014

COPY

COPY

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

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):
Richter-Mark-Charles

MAILING ADDRESS:
5814 Ironwood ave

CITY:
Bunnell Fl

ZIP:
32110

COUNTY:
Flagler

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

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: _____

◆ WITH THIS GOVERNMENTAL AGENCY: _____

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 _____, 20__ was \$ _____

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET

VALUE OF ASSET

PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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

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 5]

	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 — EXPLANATION OF CHANGES

Failed to check box below.

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

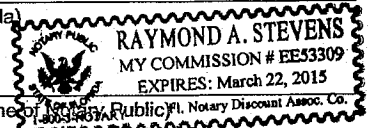
OATH

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 18TH day of June, 2014 by MARK KICHTER

(Signature of Notary Public—State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known OR Product Identification

Type of Identification Produced

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.**

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.

PART F:

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

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.

OATH:

All information on this form should be submitted under oath