

RECEIVED  
FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

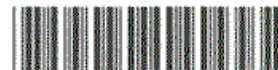
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PROCESSED

\*\*\*\*\*AUTO\*\*ALL FOR AADC 328 T5 P133

Charles Ericksen Jr  
County Commissioner, District 1  
Flagler County  
Elected Constitutional Officer  
15 Essington Ln  
Palm Coast FL 32164-6231

ID Code



ID No. 244658

Conf. Code

Ericksen Jr, Charles

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

## 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 31 DECEMBER, 20 15 was \$ 245,500

## 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 \$ 57,500.

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 15 ESSINGTON LAKE, PALM COAST, FL	204750.00
VANGUARD RETIREMENT FUNDS, VALLEY Forge, PA 19482	3215.00
FLORIDA RETIREMENT SYSTEM, ORLANDO, FL 32878	19,800.00
NATIONWIDE RETIREMENT SOLUTIONS, COLUMBUS, OH 43218	146,056.00
BANK OF AMERICA, TAMPA, FL 33622	6850.00

## PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GUARANTY BANK, P.O. BOX 245014, MILWAUKEE, WI 53324 HOME MORTGAGE	143367.00
LINCOLN FINANCIAL, P.O. BOX 542000, OMAHA, NE 68154 CAR LEASE	16800.00

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

## 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
BOCC-FLAGLER COUNTY VANGUARD RETIREMENT	BUNWELL, FL 32110	50065.00
SOCIAL SECURITY ADMINISTRATION	VALLEY FORGE, PA 19402	11500.00
PRUDENTIAL/CIGNA CORP	JAMMICK, NY	21847.00
	SCRANTON, PA	3094.00

### 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			

## 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			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

## 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.



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF

Flagler

Sworn to (or affirmed) and subscribed before me this 13<sup>th</sup> day of

June 2016 by Charles F. Encksen Jr.

(Signature of Notary Public--State of Florida)

Luci M. Danc #FF028532

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

Personally Known OR Produced Identification

June 17, 2017

Type of Identification Produced #FF028532

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 ☐