AND DELIVERED FORM 6 2015 OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: 231620 LAST NAME - FIRST NAME - MIDDLE NAME: Gaetz, II Matthew L MAILING ADDRESS: FLORIDA 301 Brooks Street COMMISSION ON ETHICS JUN 2 3 2016 CITY: ZIP: COUNTY: RECEIVED Fort Walton Beach 32548 Okaloosa NAME OF AGENCY: House of Representatives PROCESSED NAME OF OFFICE OR POSITION HELD OR SOUGHT: State House - District 2 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 3.1 My net worth as of <u>December 31</u>, 20 <u>15</u> was \$ <u>387,725</u> 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 \$ 20,000 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) **VALUE OF ASSET** Real Estate - see attached \$460,082 Stock and Life Insurance - see attached \$ 58,708 Checking account - First City Bank, 135 Perry Avenue SE, Ft. Walton Beach, FL 32548 \$28,175 Florida Retirement System \$4,009

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

First City Bank, 135 Perry Avenue SE, Ft. Walton Beach, FL 32548

Donald Gaetz, 24 Bluewater Point Road, Niceville, FL 32578

\$ 50,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

		PART D -	- INCOME	-		
	tax return, including all W2	s, schedules, a	during the year, including secondary nd attachments. Please redact any so e Commission's website.			
			's, schedules, and attachments. need not complete the remainder of	Part D.]		
PRIMARY SOURCES OF INCOM	E (See instructions on pa	age 5):				
NAME OF SOURCE OF INCOM			ADDRESS OF SOURCE OF INCOM		AMOUNT	
Keefe, Anchors & Gordon, PA	Keefe, Anchors & Gordon, PA		Turner BLvd, St 100 Ft Walton I	\$41.965		
State of Florida		200 E Gains	200 E Gains St, Tallahassee, FL 32399		\$28,206	
SECONDARY SOURCES OF INC	OME [Major customers, cl	ients, etc., of bu	sinesses owned by reporting person-	-see instructi	ions on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PA	RT E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions or	n page 6]		
	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	BUS	INESS ENTITY # 3	
NAME OF BUSINESS ENTITY						
ADDRESS OF						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%				1		
NATURE OF MY						
OWNERSHIP INTEREST						
			ΓRAINING			
A	•		cs training pursuant to section			
<u>A</u> 10	SERIIFY IMAI I M	AVE COM	PLETED THE REQUIRED	IRAININ	G.	
OA	ГН	STATE COUN	of florida ty of <u>Okaloosa</u>			
I, the person whose name appea	rs at the	Sworn	to (or affirmed) and subscribed befor	e me this	day of	
beginning of this form, do depose	e on oath or affirmation	de	ne ,2016 by N	latt 6	aetz	
and say that the information discl	losed on this form	. (X Cogon	د م		
and any attachments hereto is tru	ue, accurate,	(Signat	ure of Notary PublicState of Florida)		
and complete.	11/	A . (20901	A A	A. COGAN	
M/ 1/A	47//	(Print,	(Print, Type, or Stamp Commissioned Name of Commission # FF9 EXPIRES November 18			
		Person	Personally Known OR Producted in Territories Company C			
SIGNATURE OF REPORTING O	EFICIAL OR CANDIDATE	Type o	f Identification Produced	0		
If a certified public accountant lie	censed under Chapter 4	73, or attorney	in good standing with the Florida I	Bar prepare	d this form for you, he or	
she must complete the following						
		, prepared to the form. Up	the CE Form 6 in accordance with oon my reasonable knowledge and	Art. II, Sec. belief, the o	8, Florida Constitution, disclosure herein is true	
and correct.				1 1		
(). Y. 14	rul		6/18//b			
Signature				Date		
Preparation of this form by	y a CPA or attorney o	loes not relie	ve the filer of the responsibili	ity to sign	the form under oath.	
YE LIN OF BURES LE	HIDOUGH E ARE CA	ONTINUED	ON A SEPARATE SHEET, PL	EASE CH	ECK HERE 🗹	

Matthew L. Gaetz, II
As of December 31, 2015
Form 6

Part B -- ASSETS

Assets Individually Valued at Over \$1,000
Description of Asset

Parcel ID	Value
13-3N-23-0000-0001-0230	43,712
28-3N-23-237A-0000-0020	26,019
16-2S-25-0000-0008-0330	35,396
17-15-22-1850-0002-0020	93,898 Sold 3/28/2016
13-25-24-1910-0563-0000	208,322
02-1N-28-0000-08200-0000	5,000
01-1N-28-2330-00100-0110	4,000
02-1N-28-0000-03400-0000	6,000
02-1N-28-0000-08203-0000	5,000
40-1N-28-0090-44900-0190	3,000
40-1N-28-0090-64000-0050	2,430
40-1N-28-0090-72200-0380	2,700
36-1N-17-04050-00C-0140	10,605
01-3N-20-28020-000-0060	14,000
	\$ 460,082
	13-3N-23-0000-0001-0230 28-3N-23-237A-0000-0020 16-2S-25-0000-0008-0330 17-1S-22-1850-0002-0020 13-2S-24-1910-0563-0000 02-1N-28-0000-08200-0000 01-1N-28-2330-00100-0110 02-1N-28-0000-03400-0000 02-1N-28-0000-03400-0000 40-1N-28-0090-44900-0190 40-1N-28-0090-64000-0050 40-1N-28-0090-72200-0380 36-1N-17-04050-00C-0140

Stocks and Life Insurance

Florida 1st Bank stock - 125 Main Street Destin, FL 32541	50,000
State Farm Life Insurance Cash value	 8,708
Total Stocks and Life Insurance	58,708

Part D -- INCOME

Additional Income

Caregivers, Inc.	4400 Bayou Blvd Ste 9, Pensacola, FL 32503	\$	10,000
Synovus	1111 Bay Avenue, Suite 200, Columbus GA 31903	1	1,700