

**OF FINANCIAL INTERESTS**

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

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:  
 Caudill, Jr. Gregory Allen

MAILING ADDRESS:  
 23236 NW 201st LN

CITY: ZIP: COUNTY:  
 High Springs 32643 Alachua

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
 Alachua County Commision Disitrc 2

CHECK IF THIS IS A FILING BY A CANDIDATE

2018 JUN 21 PM12:25

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 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 20, 20 18 was \$ 153,813.

**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 \$ 87,500

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Primary Residence 23236 NW 201st LN High Springs, FL 32643	202,325
USAA 529 College Saving Plans (*8001 and *8002)	4,227
USAA Savings Account	1,458
Miss Lulu.LLC Unsold Inventory (50% ownership) stored at primary residence	4,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Southeast Toyota Finance PO Box 991817 Mobile, AL 36691	22,430

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navy FCU Mortgage PO Box 3300 Merrifield, VA 22119	104,732
Vystar CUPO Box 45085 Jacksonville FL 32232	8,085

**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2017 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
State of Florida	200 E Gaines St Tallahassee, FL 32,399	49,500

**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			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Miss Lulu, LLC		
ADDRESS OF BUSINESS ENTITY	PO Box 285 High Springs, FL 32655		
PRINCIPAL BUSINESS ACTIVITY	General Retail		
POSITION HELD WITH ENTITY	COO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	50% ownership		

**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**

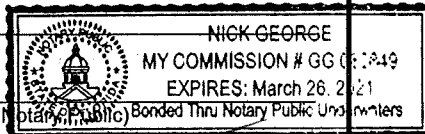
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 21st day of June, 2018, by Gregory Allen Caudill Jr.

[Signature]  
 (Signature of Notary Public--State of Florida)

NICK GEORGE  
 (Print, Type, or Stamp Commissioned Name of Notary Public) Bonded Thru Notary Public Underwriters



Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FLDL

[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, Gregory Allen Caudill, 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]  
 Signature

6/21/18  
 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