

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Beverly Mike B.

MAILING ADDRESS:

POB 776

Micangay

FL 32667

Alachua

CITY:

ZIP:

COUNTY:

Alachua County Commission

NAME OF AGENCY:

Alachua County Commission District 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE



2020 JUN 08 PM04:45

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 6-8-2020, 20 20 was \$ 1,444,922.

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 \$ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See Attachment A

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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 B		

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			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	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.

STATE OF FLORIDA

COUNTY OF

Alachua

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 8th day of

June 2020 by Michael Byerly



KATHLEEN BARNES
Notary Public - State of Florida
Commission # GG 33074
My Comm. Expires May 2, 2023

Signature of Notary Public--State of Florida)

Kathleen Barnes

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification X

Type of Identification Produced FL 640542633710

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 ☒

ATTACHMENT A (June 8, 2020)

ASSETS (assessed value)

- House and land (personal residence) 17733 Whiting St., Micanopy, FL 32667 263,309
- House, 704 N. Division St., Micanopy, FL 32667 \$65,696
- House, 355 Walker Road, Thomasville NC 27360 \$187,390
- House, 10817 NW 59th Terr., Gainesville, FL 32653 \$48,294
- Apartment Building, 1013 SW 59 Terr., Gainesville, FL 32607 \$86,240
- Apartment Building, 5918 SW 10 Lane, Gainesville, FL 32607 \$95,293
- Apartment Building, 1224 SW 61 St., Gainesville, FL 32607 \$89,969
- Apartment Building, 1221 SW 61 Terr., Gainesville, FL 32607 \$90,365
- 401 Qualified Retirement Plan \$270,961
- Annuity, Security Benefit: \$55,529
- Certificate of Deposit: \$50,000
- Certificate of Deposit: \$50,000
- Personal Checking Account as of 6-8-20: \$51,876

TOTAL ASSETS: \$1,404,922

LIABILITIES: None

NET WORTH: \$1,404,922

ATTACHMENT B (June 8, 2020)

-Employer: Alachua County, 12 SE 1st St., Gainesville FL 32601: \$71,023

-House, 704 N. Division St., Micanopy, FL 32667: \$9,410

-House, 355 Walker Road, Thomasville NC 27360: \$14,400

-Apartment Building, 1013 SW 59 Terr., Gainesville, FL 32607: \$24,970

-Apartment Building, 5918 SW 10 Lane, Gainesville, FL 32607: \$28,600

-Apartment Building, 1224 SW 61 St., Gainesville, FL 32607: \$27,761

-Apartment Building, 1221 SW 61 Terr., Gainesville, FL 32607: \$25,882