

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

FOR OFFICE USE ONLY:

2020 JUN 8 PM 12:14

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Eakley Melbourne Bernard**

MAILING ADDRESS:  
 [REDACTED]

(Personal Address Exempt 119.071)

CITY : [REDACTED] ZIP : [REDACTED] COUNTY :  
**Citrus**

NAME OF AGENCY :  
**Citrus County Sheriff's Office**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**Sheriff**

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, 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 May 26, 20 20 was \$ 425,528.44.

**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 \$ 55,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached Sheet	886,005.90

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached Sheet	460,477.46

**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 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
Motorola Solutions	500 W. Monroe St., Chicago, IL 60661	105,598.11
Florida Retirement System	PO Box 9000, Tallahassee, FL 32315	82,522.56

**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
Shallow Salt Charters LL		11694 W. Brightwater Ct. H	Charter Business
			Charter Business

**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	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			

**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 Citrus

Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 28th day of

May, 2020 by Me [Signature]  
Georgette R Brock  
 (Signature of Notary Public--State of Florida)



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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Type of Identification Produced FL Drivers License E240542480840

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**

Melbourne Eakley  
Citrus County Sheriff Candidate  
May 28, 2020

Form 6 addendum

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Part B - Assets

Household goods and personal effects	55,000.00
457 Account - BR S&P 500 Index VI	90,129.97
MSI Employee Stock Purchase Plan	14,400.00
Homestead Property and land value (address exempt)	250,000.00
Home and land value (address exempt)	350,000.00
GTEFCU (Checking and Savings)	34,600.00
Centennial Bank (Checking)	1,142.11
2005 Sea Pro SV 2400	33,634.00
2013 Harley Davidson Sportster Forty-Eight	11,124.00
1983 CJ-7 Jeep - restored	10,000.00
Cub Cadet Diesel Tractor	5,000.00
Life Insurance (Protective Life)	6,495.82
2013 Baycraft 18ft tunnel hull	24,480.00
Total:	886,005.90

Part C - Liabilities

2015 Ram (own)- GTEFCU, P.O. Box 172596, Tampa, FL 33672	12,770.64
2015 BMW 740i (own) - CarMax Auto Finance, 225 Chastain Meadows Ct, Kennesaw, GA 30144	23,227.17
2013 Heartland Cyclone Toy Hauler (own)- Bank of Ozark, PO Box 196, Ozark, AR 72949	47,979.65
Real Property (address exempt), Nationstar Mortgage, PO Box 650783, Dallas, TX 75265	208,000.00
Real Property - Homestead (address exempt), Nationstar Mortgage, PO Box 650783, Dallas, TX 75265	153,000.00
2020 Polaris Ranger XP Premium 1000 - Synchrony Bank, PO Box 530912, Atlanta, GA 30353-0912	15,500.00
Total Liabilities:	460,477.46

Assets: 886,005.90  
Liabilities: 460,477.46  
Net Worth: 425,528.44