

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:

Kinnard Jeffery Shane

MAILING ADDRESS:

11970 W Bayshore Dr

CITY: ZIP: COUNTY:
Crystal River 34429 Citrus

NAME OF AGENCY:
Citrus County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Board of County Commissioners District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 9 AM 7:39

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 25, 20 20 was \$ 1,262,654.

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 \$ 176,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
50% interest in a N. Redington Beach vacation home	\$325,000
Vacant residential lot in Crystal River	\$325,000
Vacant residential lot in Inverness	\$1,529
100% ownership of business (Life Medical Center of Lecanto)	\$900,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Campus USA PO Box 147029 Gainesville, FL 32614	\$15,109
Bank of America PO Box 650070 Dallas, TX 75265-0070	\$128,441
Ford Credit PO Box 650574 Dallas, TX 75265-0574	\$83,160
Ford Credit PO Box 650574 Dallas, TX 75265-0574	\$38,591

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Stock (VFORX)	\$10,000
Vanguard money market account	\$1,000
Drummond Bank	\$9,467
Brannen Bank	\$17,313

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Brannen Bank 200 W Main St. Inverness, FL 34450	205,619
Jaguar Financial Group PO Box 78232 Pheonix, AZ 85062	31,735

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.]

2020 JUN 5 10:53 AM

PRIMARY SOURCES OF INCOME (See Instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Life Medical Center of Lecanto, Inc	2611 Hwy 44 W Inverness, FL	59,000
Citrus County Board of County Commission	110 N Apopka Inverness, FL	3,106

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Life Medical Center	RJK of Beverly Hills	
ADDRESS OF BUSINESS ENTITY	2611 Hwy 44 W	2611 Hwy 44 W Inverness FL	
PRINCIPAL BUSINESS ACTIVITY	Healthcare	Property ownership/mgt	
POSITION HELD WITH ENTITY	President	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	Sole ownership	Shared ownership w/ spouse	

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.

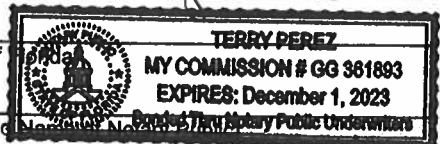
OATH

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 29th day of

May, 2020 by Jeffery Kinnard

Cherry Perry
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Notary Public Underwriters)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

[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, _____, 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