

**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:  
**KNEPPER Randolph Leroy**

MAILING ADDRESS:  
**Post Office Box 8630**

CITY: ZIP: COUNTY:  
**Fleming Island, FL 32006 Clay**

NAME OF AGENCY:  
**Board of County Commissioners**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**Commissioner - District 3**

CHECK IF THIS IS A FILING BY A CANDIDATE

Recvd 2020JUN08PM12:04

**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 December 31, 20 19 was \$ 367,245.

**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 \$ 100,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1705 Margarets Walk Road, Fleming Island, FL 32003	400,000
RBC, PO Box 1510, Minneapolis, MN 55440	51,286
Metropolitan Life Insurance Co, PO Box 544, Warwick, RI 02887	14,712

**PART C – LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
US Bank Home Mortgage, 4801 Frederica St., Owensboro, KY 42301	185,012

**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
SOA Inc.	110 Kellwood Dr., Perry, GA 31069	4,800
Social Security	1200 Rev Abraham Woods Jr Blvd, Birmingham, AL 35285	41,496

**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
Knepper Enterprises	Real Estate	1705 Margarets Walk	Real Estate
J Moss and Co	Private Funding	Naples, Florida 33940	Real Estate

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Knepper Enterprises, LLC LLC	Advanced Nuclear Solutions, Inc.	Continental Commercial Realty Company
ADDRESS OF BUSINESS ENTITY	1705 Margarets Walk Road Fleming Island FL 32003	1705 Margarets Walk Road Fleming Island FL 32003	3599 UNIVERSITY BOULEVARD SOUTH SUITE 907 JACKSONVILLE, FL 32216
PRINCIPAL BUSINESS ACTIVITY	Real Estate	Nuclear Solutions	Real Estate
POSITION HELD WITH ENTITY	President / CEO	EVP / CFO	President / CEO
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Stock	Stock	Stock

**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 CLAY

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 29 day of

May, 2020 by Randolph Knepper

Valarie Wright  
(Signature of Notary Public--State of Florida)

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



Randolph Knepper  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced FLDL K516732504717

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, RANDOLPH L KNEPPER, 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.

Randolph Knepper  
Signature

MAY 29, 2020  
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