FORM 6	FULL AN	ND PUBLIC D	ISCLOSURE	2017
Please print or type your name, mailing address, agency name, and position below:	OF FI	NANCIAL IN	TERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDE Whitmore Carolyn R.	DLE NAME:			~
MAILING ADDRESS: P.O. Box 1992				7118
				JUN RF
CITY: Holmes Beach	ZIP: 34218	COUNTY: Manatee		FOEIVED 7 AM
NAME OF AGENCY: Elected Constitutional Officer	•			VED AM 11
NAME OF OFFICE OR POSITION HEI County Commissioner, Distric				SIVED RM 11 03
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🖼			
		PART A NET WO		
Please enter the value of your r culated by subtracting your repo				
My net worth as of	cember 31	, 20 17	was \$	·
following, if not held for investment furnishings; clothing; other household The aggregate value of my household	cts may be reporte purposes: jewelry; d items; and vehicle d goods and perso	collections of stamps, gues for personal use, wheth	ggregate value exceeds \$1, ins, and numismatic items; er owned or leased.	,000. This category includes any of the art objects; household equipment and
ASSETS INDIVIDUALLY VALUED AT DESCRIPTION OF A		escription is required - se	e instructions p.4)	VALUE OF ASSET
See attached schedule				\$904,276
		PART C LIABIL	ITIES	•
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		n page 4):		AMOUNT OF LIABILITY
Wells Fargo Mortgage, P.O. I	Box 14411, Do	es Monies, IA 5030	6-3411	309,000
VW Credit, 1401 Franklin Blvd, Libe	rtyville, IL 60048			1,200
Rice Appliances, 6430 14th St W, B	radenton, FL 342	207/Brand Sow	rce PO Box 90 2, Ky 40290-	2,200
			, Ky 40290-	1006
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRES		BOVE:		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 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.							
			's, schedules, and attachments. need not complete the remainder of	Part D.]			
PRIMARY SOURCES OF INCO		age 5):					
NAME OF SOURCE OF INCOME EXCEEDING \$1,000 ADDRESS OF SOURCE OF INCOME AMO Manatee Board of County Commissioners 1112 Manatee Ave W, Bradenton, FL 34205 \$75,510.1							
•							
Almost Family, Inc. 3806 Man		3806 Manat	tee Ave W, Bradenton, FL 34205	\$46,610.64			
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:							
NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS'				PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
BOOMESO ENTIT	0/ 5551/1255	, IIIOOIIIL	OF GOORGE	AGTITUTE OF COUNCE			
D	ADT F INTEDESTS I	N CDECIEIE	D DUSINESSES Unstructions of	n nogo 61			
r	BUSINESS ENTITY		D BUSINESSES [Instructions of BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	DOUNTED LIKE		BOOMEOO ENTIT # 2	DOGINESS ENTITY OF			
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				<u> </u>			
		PART F - '	TRAINING	and the same of th			
For office	ers required to complete	e annual ethi	ics training pursuant to section	n 112.3142, F.S.			
	I CERTIFY THAT I H	AVE COM	PLETED THE REQUIRED	TRAINING.			
O A	ATH	STATE COUN	of FLORIDA TY OF Manate	e B			
I, the person whose name app	ears at the	Swom	to (or affirmed) and subscribed before	e me this (0 th day of			
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me this the day of beginning of this form, do depose on oath or affirmation							
beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form			June 20 18 by Carol Whitmore				
			ture of Notary Public-State of Florida	<u>no</u>			
and complete.		(Signal	ture of Notary Public-State day 1000) MAURI ZACCAGNINO Commission # GG 131481			
		(Print.	Type, or Stamp Commissions	of Notary Public 7, 2021			
		•	FOF FLOR	Bonded Thru Budget Notary Services duced Identification			
				duced identification			
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATI	E Type of	f Identification Produced				
If a certified public accountants she must complete the following	•	73, or attorney	in good standing with the Florida E	Bar prepared this form for you, he or			
1.	-	, prepared t	the CE Form 6 in accordance with	Art. II. Sec. 8. Florida Constitution.			
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.							
Signatu	re			Date			
•		laes nat ralia	eve the filer of the reconneihili				
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 C	UNTINUED	ON A SEPARATE SHEET, PL	EASE CHECK HERE 🗹			

PART B - ASSETS

Household Goods and Personal Effects:	Value of Asset		
Jewelry, Art, Equipment, Furnishings, Clothing	\$ 200,000.00		
2006 Lexus SUV	7,691.00		
2017 VW Tiguan	18,105.00		
Totals	\$ 225,796		

Assets Individually Valued at Over \$1,000	Value of Asset	
Real Estate - 8324 Marina Dr, Holmes Beach, Florida (Residence)	\$	902,000.00
Suncoast Credit Union Checking		2,275.54
Totals	Ś	904,276