FORM 6 FULL AND PUBLIC DISCLOSU	JRE 2019
Please print or type your name, mailing OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
address, agency name, and position below: LAST NAME — FIRST NAME — MIDDLE NAME:	Some New Come 1 4
Williams Charles Nappleon 20	120 JUN -8 PH 1: 18
MAILING ADDRESS: 5519 70th Lrive East	HARAIGE COUNTY
5311 WH ATWO EAST	PERVISOR OF ELECTIONS
Clenton + 3422 Maratee	
J	
NAME OF AGENCY:	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	
Sufervisor of Elections	
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 curre	nt date. [Note: Net worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so please	see the instructions on page 3.]
My net worth as of <u>December 31</u> , 20 19 was \$ 42 .	S,000.00.
PART B ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceptions.	ceeds \$1,000. This category includes any of the
following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismat furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased	ic items; art objects; nousenoid equipment and
The aggregate value of my household goods and personal effects (described above) is \$ 659	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
DESCRIPTION OF ASSET (specific description is required - see instructions p.4	
Primary Residence	385,000,00
Second Home	10,000.00
See attachments	
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Primary Besilence (Home) Caliber Home Loans I	Ne. Epasota 207,000.00
Second Home Line of Credit BMO Harris Palm	etto fl \$5,000,00
Visa Card Bank of America	2,500,00
See attachments	234,500,00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NAME AND ADDRESS OF TAXABLE PARTY.	

	-	PART D	· INCOME			
Identify each separate source a copy of your 2019 federal incon attaching your returns, as the la	ne tax return, including all W2s,	eeded \$1,000 , schedules, a	during the year, including second attachments. Please redact	ondary sources of inc any social security	come. Or attach a complete or account numbers before	
I elect to file a copy of n	ny 2019 federal income tax retu nd attach a copy of your 2019 ta	ırn and all W2 ax return, you	s, schedules, and attachments need not complete the remain	s. der 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						
T. K' 4. CK' 9	Ropfel Hade	Ne leased	Su 1.1 9775 0	Als And F Aland	420.673.00	
The Thay of Thay	1 saftest (numb)	NE ICANEA	a theoret in s	ITH ROLE FORM	A(A(), V) / J. 00	
SECONDARY SOURCES OF I	NCOME [Major customers, clien	nts, etc., of bu	sinesses owned by reporting p	oersonsee instructi	ons on page 5]:	
NAME OF	NAME OF MAJOR		ADDRESS	i	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
BUSINESS ENTITY	OF BUSINESS' I	NCOME	OF SOURCE		ACTIVITY OF SOURCE	
J	PART E INTERESTS IN	SPECIFIE	D BUSINESSES [Instructi	ons on page 6]		
	BUSINESS ENTITY #		BUSINESS ENTITY # 2		INESS ENTITY # 3	
NAME OF				<u> </u>	[*·	
BUSINESS ENTITY ADDRESS OF					Constant Con	
BUSINESS ENTITY				-5		
PRINCIPAL BUSINESS ACTIVITY				\$0	Services Services	
POSITION HELD WITH ENTITY				á	15007777)	
LOWN MORE THAN A 5%				117		
INTEREST IN THE BUSINESS NATURE OF MY				/ 1 2 2	-6-	
OWNERSHIP INTEREST					and the second of the second o	
		PART F - 7	FRAINING	7.7 7.5	CT)	
For office	ers required to complete	annual ethi	cs training pursuant to s	section 112.3142	2, F.S.	
	I CERTIFY THAT I HA					
0	ATH	STATE	OF FLORIDA	I ATOTT		
U	АП	COUN		VATEE		
I, the person whose name app			to (or affirmed) and subscribed sical presence or 🔲 online n			
beginning of this form, do dep		Palpiny	many many		du) oi	
and say that the information d			June 5, 20 20	by	· · · · · · · · · · · · · · · · · · ·	
and any attachments hereto is	s true, accurate,			neo	V	
and complete.		(Signat	ure of Notary Public-State of	أأمن المعالماتين		
11		/Print	Type, or Stamp Commissioned	· CANALAN	KAREN JONES (Brighten # GG 964518	
	1,1000 50	•			Expires April 11/2024	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Person	ally Known OF	R Productor	(Cat Bonded Thru Wey Fain Insurance 800 385	
		Type of	f Identification Produced	L-10,U,		
If a certified public accountar	et licensed under Chapter 47	3 or attorney	in good standing with the E	lorida Bar prepare	d this form for you he or	
she must complete the follow		o, or attorney	in good standing with the r	iorida bar proparo	a and form for your me of	
	-	, prepared	the CE Form 6 in accordance	e with Art. II, Sec.	8, Florida Constitution,	
Section 112.3144, Florida Sta	atutes, and the instructions to	the form. Up	oon my reasonable knowledg	ge and belief, the o	disclosure herein is true	
and correct.						
المحمدة	Iro			Date		
Signatu Preparation of this form		es not relie	eve the filer of the resno		i.	
IF ANY OF PARTS	A THROUGH E ARE CO	NTINUED	ON A SEPARATE SHEE	II, PLEASE CH	ECK HERE	

RECEIVE

Reverend Charles Williams 2000 December, 2019 Financial Statement

2020 JUN -8 PM 1: 18

CLAMATEE COUNTY JUPERVISOR OF ELECTIONS

<u>Income</u>

Source

King of Kings Baptist Church Pastoral Salary

Annual Income \$20,673.00

Assets

Asset	Asset Status	
Cash on Hand in Bank		\$ 19,800.00
Primary Residence (Home)	Lien/Loan	\$385,000.00
Second Home	Line of Credit	\$175,000.00
Furniture	Free & Clear	\$ 20,000.00
Storage Shed	Free & Clear	\$ 5,000.00
Car	Free & Clear	\$ 7,700.00
Truck (Ford F150)	Free & Clear	\$ 5,000.00
Musical Equipment	Free & Clear	\$ 7,000.00
Ring	Free & Clear	\$ 2,500.00
Art Work	Free & Clear	\$ 10,000.00
Sports Memorabilia	Free & Clear	\$ 13,000.00
Lawn Mower	Free & Clear	\$ 5,000.00
Lawn Equipment	Free & Clear	\$ 4,500.00
Total Assets		\$659,500.00

Liabilities

What	Owned To	Amount	
Primary Residence (Home)	Caliber Home Loan Sarasota, Florida	\$207,000.00	
Second Home Line of Credit	BMO Harris Bank Palmetto, Florida	\$ 25,000.00	
Visa Card	Bank of America Palmetto, Florida	\$ 2,500.00	
Total Liabilities		\$234,500.00	

RECAP: