## FORM 6

# FULL AND PUBLIC DISCLOSURE OF

2012

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

COMMISSION ON ETHIC:

JUN 1 0 2013

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Ed Crapo
Property Appraiser
Alachua County
Elected Constitutional Officer

17722 Se 59th St Micanopy, FL 32667-3882 ID Code



ID No 14679

Conf. Code

P. Req. Code

Crapo, Ed

**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, 2012, 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 <u>December 31</u>, 20<u>12</u> was \$<u>2,199,444</u>

### 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.

The aggregate value of my household goods and personal effects (described above) is \$ \_\_\_\_270\_420

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |  |
|--|----------------|--|
| 17722 SE 59 St. Micanopy FL - home   | 510,000        |  |
| Morgan Stanley IRA   | 8,200          |  |
| Alarion Bank, 4373 Newberry Rd., Gainesville FL                                | 3,900          |  |
| Sunstate Federal Credit Union, 405 SE 2nd Pl., Gainesville, FL 5,900           |                |  |
| AIG/Valic 457  | 108,124        |  |

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

| B B & T Bank, PO Box 58022, Charlotte, NC 28258            | 405,600 |
|--|---------|
| First Credit Union of Gainesville, 412 E. University Ave., | 19,300  |
| Gainesville, FL  |         |

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE.

| AMOUNT OF LIABILITY |
|---------------------|
|                     |
|                     |

AMOUNT OF LIABILITY

|   |   | PART                     | T D INC                  | COME                         |                                      |                                       |  |
|---|---|--------------------------|--------------------------|------------------------------|--------------------------------------|---------------------------------------|--|
| You may <b>EITHER</b> (1) file a complete copy of your 2012 federal income tax return, <i>including all W2's, schedules, and attachments</i> , <b>OR</b> (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below. |   |                          |                          |                              |                                      |                                       |  |
| I elect to file a copy of my 2 [If you check this box and at  | 012 federal income tax retu<br>ttach a copy of your 2012 ta | rn and all<br>ix return, | W2's, scho<br>you need r | edules, and a<br>ot complete | attachments.<br>the remainder of Par | t D.]                                 |  |
| PRIMARY SOURCES OF INCOME<br>NAME OF SOURCE OF INCOME   | (See instructions on page<br>E EXCEEDING \$1,000            | e 5):                    | ADDR                     | ESS OF SO                    | URCE OF INCOME                       |                                       | AMOUNT                                 |
| Alachua County Pro  | perty Appraise  | r 12                     | SE 1s                    | t St.,                       | Gainesvil                            | le, FL                                | 128,320                                |
|   |   |                          | ***                      |                              |                                      |                                       |  |
| SECONDARY SOURCES OF INCO   | DME [Major customers, clier                                 | nts, etc., o             | of business              | es owned by                  | reporting personse                   | e instructions                        | s on page 5]:                          |
| NAME OF<br>BUSINESS ENTITY  | NAME OF MAJOR S<br>OF BUSINESS' II                          |                          | s                        |                              | DDRESS<br>SOURCE                     |                                       | RINCIPAL BUSINESS<br>CTIVITY OF SOURCE |
|   |   |                          |                          |                              |                                      |                                       |  |
|   |   |                          |                          |                              |                                      |                                       |  |
| PAR   | T E INTERESTS IN  | SPECI                    | FIED BU                  | SINESSE                      | S [Instructions on                   | page 6]                               |  |
|   | BUSINESS ENTITY   | # 1                      |                          | BUSINESS                     | ENTITY # 2                           | BUS                                   | SINESS ENTITY # 3                      |
| NAME OF<br>BUSINESS ENTITY  | N/A   |                          |                          |                              |                                      |                                       |  |
| ADDRESS OF<br>BUSINESS ENTITY   |   |                          |                          |                              |                                      |                                       |  |
| PRINCIPAL BUSINESS<br>ACTIVITY  |   |                          |                          |                              |                                      |                                       |  |
| POSITION HELD<br>WITH ENTITY  |   |                          |                          |                              |                                      |                                       |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS  |   |                          |                          |                              |                                      |                                       |  |
| NATURE OF MY<br>OWNERSHIP INTEREST  |   |                          |                          |                              |                                      |                                       |  |
| IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  |   |                          |                          |                              |                                      |                                       |  |
| OA  | ГН  |                          | STATE C                  | F FLORIDA<br>OF              | Alachua                              | J                                     | a+1                                    |
| I, the person whose name appears  |   |                          | Sworn to                 | (or affirmed)                | and subscribed befo                  | re me this _                          | day of                                 |
| beginning of this form, do depose of  |   |                          | Λ,                       |                              | 10 -                                 |                                       | 1 1 Anna                               |
| and say that the information disclos  |   |                          | - Ju                     | ne                           | , 20 <u>(3</u> by <u>Z</u>           | -divara                               | · A. Cupi                              |
| and any attachments hereto is true and complete.  | , accurate,   |                          |                          | Than                         | ma M.                                | Cont                                  | ti                                     |
| and complete.   |   |                          | (Signatur                | e of Notary I                | Public State of Florid               | 2)                                    | ONT                                    |
| J (   |   |                          |                          |                              | CC                                   | ERESA M. Commission # Expires October | E 108406<br>31, 2015                   |
| 2 De la   | 100   |                          |                          |                              | Commission Nam                       |                                       |  |
| SIGNATURE OF REPORTING OF   | FICIAL OR CANDIDATE   |                          | Personal                 | y Knownı                     | ∠OR Pr                               | oduced Ident                          | tification                             |

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

FORM 6

## FULL AND PUBLIC DISCLOSURE OF

2012

## FINANCIAL INTEREST

FOR OFFICE USE ONLY:

\*\*\*\*\*\*\*AUTO\*\*ALL FOR AADC 320 T3 P2 27 Ed Crapo Property Appraiser Alachua County **Elected Constitutional Officer** 17722 Se 59th St Micanopy, FL 32667-3882

ID Code



ID No 14679

Conf. Code

P. Req. Code \*\*\*\*\*

Crapo, Ed

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, 2012, 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.]         |   |

| Μv | net worth as of | , 20 | _ | was | \$ |
|----|-----------------|------|---|-----|----|
|    |                 |      |   |     |    |

### 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.

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 |
|--|----------------|
| 25% interest in home at 825 Cascade Rd., Wilmington, NC                        | 40,000         |
| Florida Retirement System Investment Account                                   | 1,728,800      |
|  |                |
| (continued from page 1)  |                |

### **PART C -- LIABILITIES**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
|                              |                     |
|                              |                     |
|                              |                     |

### JOII

| NT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: |                     |
|--|---------------------|
| NAME AND ADDRESS OF CREDITOR                   | AMOUNT OF LIABILITY |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |