FULL AND PUBLIC DISCLOSURE OF

2012

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED

ID Code



ID No 211286

Conf. Code

P. Req. Code *****

Murphy, Sylvia Jean

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Sylvia Jean Murphy
County Commissioner, District 5
Monroe County
Elected Constitutional Officer
PO Box 111
Tavernier, FL 33070-0111

PROCESSED

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 & DECEMBER 31, 20/2 was \$ 747.985.

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 \$ 40 000

| ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | ASSESSED VALUE OF ASSET |
|---|-------------------------|
| SIPRESIDENCE-150 TO JEAN WAY-TAVERNER, FL | 199.389 |
| SIF COTTAGE - 144 JOJEAN WAY-TAVERNIER, FL | 94,643 |
| VACANT LOT - TO TEAN WAY -TAVERNIER, FL | 5,294 |
| BANK ACCT - CAPITAL BANK, TAVERNIER FL | 170,000 |
| BANK ACCT - "I" " | 160,000 |
| IRA CAPITAL BANK-TAREPROBLES FL | 38,000 |
| LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
| | |
| | |
| | |
| | |
| JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: | |
| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
| | |
| | |

| You may FITHER (1) file a complete copy of your 2012 federal | PART D INCOME income tax return, including all W2's, schedules, and attachments, | OB (0) Sla |
|---|---|---|
| identifying each separate source and amount of income whic D, below. | h exceeds \$1,000, including secondary sources of income, by com | pleting the remainder of Part |
| I elect to file a copy of my 2012 federal income tax re [If you check this box and attach a copy of your 2012 | turn and all W2's, schedules, and attachments. tax return, you need not complete the remainder of Part D.] | |
| PRIMARY SOURCES OF INCOME (See instructions on pa NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ge 5): ADDRESS OF SOURCE OF INCOME | ı AMOUNT |
| CIVIL SERVICE ANNULTY | OFC. OF PERSONNEL MGUT. | 18.913 - |
| SOC. SECURITY | W.1.311.0 | 9931 - |
| FLA RETIREMENT | | 7822. |
| BOARD OF COUNTY COMM. | | 42 494 - |
| an MONROE COUNTY, FL | in manden | 1 -003= |
| SECONDÁRÝ SOURCES OF INCOME [Major customers, clin NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS' | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | |
| DADT E INTEDESTS I | N SPECIFIED BUSINESSES [Instructions on page 6] | |
| BUSINESS ENTITY | | ISINESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY | 1/17 | 7 |
| POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | |
| NATURE OF MY OWNERSHIP INTEREST | | |
| IF ANY OF PARTS A THROUGH E ARE C | ONTINUED ON A SEPARATE SHEET, PLEASE CHE | CCK HERE |
| OATH | STATE OF FLORIDA COUNTY OF Money | |
| I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me this/_ | | day of |
| beginning of this form, do depose on oath or affirmation | | - <u></u> |
| and say that the information disclosed on this form | 2015 by - 11012 5. Mar pace | |
| and any attachments hereto is true, accurate, and complete. | Carrie Landi-Carrill | ? · / |
| () Do | | KIS-CARROLL |
| SIGNATURE OF REPORTING OFFICIAL OR/CANDIDATE | (Print, Type, or Stamp Con raission Commission Commission | - State of Florida VBB/RUG 25, 2014 n # EE 19845 NNOSAL Notary Assn. |
| | Type of Identification ProducedKnaw | |
| FILING INSTRUCTIONS for when and where to file th INSTRUCTIONS on who must file this form and how | is form are located at the top of page 3. to fill it out begin on page 3. | |

OTHER FORMS you may need to file are described on page 6.