FORM 6 FULL AND PUBLIC DISCLOSURE OF

FINANCIAL INTEREST

FOR OFFICE USE ONLY: COMMISSION ON ETHICS DATE RECEIVED

2012

JUN 0 7 2013

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COMMISSION ON ETHIC DATE RECEIVED

MIN 6 9 2019

ID Code

*********AUTO**MIXED AADC 323 T8 P1 5

Heather Carruthers

County Commissioner, District 3

Monroe County

Elected Constitutional Officer

530 Whitehead St

Key West, FL 33040-6547

PROCESSED

ID No 222529

Conf. Code

100 and

P. Req. Code *****

Carruthers, Heather

CHECK IF THIS IS A FILING BY A CANDIDATE

PART	A	NET	WORTH	
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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 $\sqrt{2012}$, 20 12 was \$ $\sqrt{174000}$

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 \$	34,000
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
My share of residence at 1218 Petronia Street Kley West FL 33040	\$ 425,000
Penuls Properties of Ken West, 525 United Street Kly West FL 33040	10 000 000
UL Financial Mahased Scenifies Account	194,000
Capital Pranke Checking Account	2000
Penn Mutual life Inturance Arminity	5000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital Prank - martgage on Pearl's Properties of Kee West	\$ 3700 000
Centennial Pank - mortgage on 1218 Tetrania (my shore)	301,000
Note on Peopl's fragenties with 5 charities (estate settlement)	650,000
Brance of America Anto Louis	25 000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	/
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

Miscellements archit conts (Visa Discover)

1 7,000

		PART D	INCOM	E								
You may EITHER (1) file a comple identifying each separate source D, below.	ete copy of your 2012 federal in and amount of income which ϵ	come tax reto exceeds \$1,0	urn, <i>including</i> 100, including	all W2's second	s, schedules, ar ary sources of	nd attachments, (income, by comp	DR (2) file a sworn statement oleting the remainder of Part					
I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]												
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOM		5):	ADDRESS (OF SOU	RCE OF INCC)ME	ı AMOUNT					
Monroe Country Paux of	County Commissions	PO BO	x 1990	Ko.	West Fi	33041	42 406					
Pearl's Promises of Ke	West (salura)	525	Venited ?	/27)	1/ p. West	FL37060	35000					
Pearl's Presentes of Va	West (distansonit)	525	Mustra	87 87	Ken West	H 33040	100000					
)	<u> </u>	VVIIC	01	100/0.00	1C > 10 W	100000					
SECONDARY SOURCES OF INC			sinesses ow									
NAME OF BUSINESS ENTITY	NAME OF MAJOR S OF BUSINESS' IN		1		ORESS OURCE		RINCIPAL BUSINESS CTIVITY OF SOURCE					
		•										
DAI	DT E INTEDECTO IN	CDECLEIE	D DUCINE	COEC	II							
ra)	RT E INTERESTS IN : BUSINESS ENTITY #				[Instructions NTITY # 2		CINECO ENTITY # 2					
NAME OF	Denvis Prayming of	Ven West		NESS E	NIIII # Z	80	SINESS ENTITY # 3					
BUSINESS ENTITY ADDRESS OF	C= - 1 () 1 C= 1:	~ • • 	33040	****								
BUSINESS ENTITY PRINCIPAL BUSINESS	S25 United Sq. Kin	Westry	7040									
ACTIVITY POSITION HELD	Guesthansi "											
WITH ENTITY	Uwner / CEO											
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	les - 100%.											
NATURE OF MY OWNERSHIP INTEREST	Owner Operator											
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED	ON A SEI	PARAT	E SHEET, I	PLEASE CHE	CK HERE 🔲					
OA	TH		ATE OF FLO UNTY OF	RIDA	Moni	re						
I, the person whose name appears	s at the	Swe	Sworn to (or affirmed) and subscribed before me this $\underline{\hspace{1cm}}$ day of									
beginning of this form, do depose	on oath or affirmation		1									
and say that the information disclo		Sur		_, 20 <u>/3</u> by		•						
and any attachments hereto is true												
and complete.	(Sic	(Signature of Notary Public FloGAROL A SCHRECK										
	(-16	MY COMMISSION # EE862355										
A. h/1 -		EXPIRES February 18, 2017										
yearly se		(Print, Type, or Stamp Convinssioned Name of Watars Printer										
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	Per	Personally Known OR Produced Identification									
		Тур	e of Identifica	ation Pro	oduced							

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

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.