FORM 6

FULL AND PUBLIC DISCLOSURE OF

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FINANCIAL INTEREST

FOR OFFICE USE ONLY:

THILL FIFTH THE COMMISSION ON ETHICS

DATE RECEIVED

JUL 0 3 2013



ID No

243676

Conf. Code

P. Req. Code *****

Robson, Jody C

*******AUTO**ALL FOR AADC 320 T3 P2 11 Jody C Robson County Commissioner, District 3 Dixie County

Elected Constitutional Officer 1667 Sw Highway 351

Cross City, FL 32628-3726

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 July 1, 20 13 was \$ -162, 285, 76.

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 \$ \$ 52,500,00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Jewilly	\$ 5,000,00
Gun's	4,500.00
Cals	\$ 19,000,00
Fremishing	\$ 20,000,00
Clathing	\$ 4,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

Drummond Bank P.O. BOX 1039 Chiefland FL 32644 Chase Auto RO. Box 90/076 FOIT WOLTH, TX 76/01-2076 \$ 3551.63 BOX 960090 Orando FL 32896-0090

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

AMOUNT OF LIABILITY

VALUE OF ASSET

You m identif D, bel	Jing Cach cope	file a compl arate source	ete copy of your 2012 fe and amount of income	ederal incom	ART D ne tax return eeds \$1,000	includina	0// IA/2'0 o	schedules, y sources	and atta	achments, ne, by com	OR (2) file a sworn state pleting the remainder c	emen
	I elect to file [If you check	a copy of my this box and	y 2012 federal income to d attach a copy of your	tax return ar 2012 tax re	nd ali W2's, turn, you ne	schedules, ed not com	and attac	chments.	of Part	ΠI		
PRIMA NAM	ARY SOURCE	S OF INCO	ME (See instructions of DME EXCEEDING \$1,0	on page 5):		DDRESS O				٥.,	A14011117	
	County									-	AMOUNT	
013.50			OF COMMISSION		0, 80)			es Cit	y Fl	32628 TOWN	#3,020,32	
DH	County	SUNDO/	Board	- 3	23 SE	349	ywy	MILY Y	2 12	32680	925,672.00	
46 M	1 62 1	11. 1									\$ 5,710.00	
NOIT	h FL M	267x1	Centers	33	5 John	n Knox	c Rond	Tall 1	=/ 32	363	3,495.00	
SECO	NDARY SOUR NAME C BUSINESS E	F	COME [Major customer NAME OF MA OF BUSIN	rs, clients, e AJOR SOUF ESS' INCOR	RCES	esses owne	ed by repo ADDRI OF SOL	ESS	onsee	P	s on page 5]: RINCIPAL BUSINESS CTIVITY OF SOURCE	
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			THROUGH E AR	E CONTI	NUED O	N A SEPA	RATE	SHEET.	PLEA	SE CHE	CK HERE	
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.					STATE OF FLORIDA COUNTY OF Dixel Sworn to (or affirmed) and subscribed before me this/st day of							
SIGNAT	TORE OF REP	ORTING OF	FICIAL OR CANDIDA	TE	(Print, ⁻ Person	Type, or Sta ally Known	amp Comi	missionedOR	S. C.W.	Mother Lie	Dana D. Johnson Expires Jan. 2, 2017 IN OF the Circuit Court IE COUNTY, FL 32628	_
FILING	INSTRUCTIONS	ONS for wh	nen and where to file	e this form	n are loca	ted at the	top of p	page 3.				
INSIRU	CHOMS ON	WHO MUST	file this form and h	iow to till i	it out begi	n on page	e 3.					

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