HAND DELIVERED COMMISSION ON ETHICS

FORM 6X AMENDMENT TO FULL AND PUBLIC AUG 3 0 2013 DISCLOSURE OF FINANCIAL INTERESTS

DISCHOSERE	OT TIME			
LAST NAME - FIRST NAME - MIDDLE NAME (same as on original contents)		1		
Evers Robert Gregory	of Financial Interests) I FILED FOR THE YEA	R: _2012		
MAILING ADDRESS:	♦ DURING THAT YEAR, I HELD, OR WAS	A CANDIDATE FOR, THE		
1054 Melton Road	POSITION OF: Senator			
	◆ WITH THIS GOVERNMENTAL WASHINGTON	SSED		
CITY: ZIP: COUN	NTY:			
Baker 32531 Okaloosa	Florida Senate			
PART A NET WORTH [Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date chosen for the original Form 6 you are seeking to amend, together with that date: My net worth as of				
	PART B ASSETS			
	old goods and personal effects, please enter the amended value	below:		
The aggregate value of my household goods and personal el	ffects as of the above date was \$ _75,000			
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET		VALUE OF ASSET		
	OH	2,500		
Cash Value Life Insurance- New York Life, Cleveland, Common Stock- Covington Gin Company, Andalusia,		162,800		
Additional Asset Schedule Attached	2,394,220			
Additional Asset Schedule Attached		•		
	PART C LIABILITIES			
LIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4) NAME AND ADDRESS OF CREDITOR): 	AMOUNT OF LIABILITY		
Accounts Payable- Closely-Held Businesses		325,895		
Notes Payable- Schedule Attached		1,140,618		
		L		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOV NAME AND ADDRESS OF CREDITOR	E:	AMOUNT OF LIABILITY		
	PART D INCOME			
If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: PRIMARY SOURCES OF INCOME (Instructions on page 4):				
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT 22.446		
The Florida Senate	200 E. Gaines St, Tallahassee, FL	28,446		
Greg Evers Farm	Okaloosa County, FL	164,011		
	(Onetimed on reverse side)	PAGE 1		

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PAR	T E — INTERESTS IN SPECIFIE		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
IAME OF USINESS ENTITY			
DDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS			
OSITION HELD			
OWN MORE THAN A 5%			
NTEREST IN THE BUSINESS NATURE OF MY			
OWNERSHIP INTEREST			
	g closely -held businesses. The ass	ATION OF CHANGES sets of the businesses are valued	at Fair Market Values.
ave better description and	g closely -held businesses. The ass	sets of the businesses are valued	
ave better description and	g closely -held businesses. The association of assets. THROUGH F ARE CONTINUED	sets of the businesses are valued	
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IF ANY OF PARTS A OA' the person whose name appears peginning of this form, do depose	g closely -held businesses. The assolocation of assets. THROUGH FARE CONTINUED TH sat the on oath or affirmation	ON A SEPARATE SHEET, PLEA	ASE CHECK HERE re me this day of
IF ANY OF PARTS A OA' I, the person whose name appears beginning of this form, do depose and say that the information disclosed	g closely -held businesses. The assolocation of assets. THROUGH FARE CONTINUED TH st. co s at the on oath or affirmation osed on this form	ON A SEPARATE SHEET, PLEA OUNTY OF CONTROL OF THE ACTION OF A SEPARATE SHEET, PLEA OUNTY OF CONTROL OF THE ACTION OF THE ACTIO	ASE CHECK HERE The me this day of bent Grey Evers
IF ANY OF PARTS A OA' I, the person whose name appears beginning of this form, do depose and say that the information discloand any attachments hereto is true	g closely -held businesses. The assolocation of assets. THROUGH FARE CONTINUED TH st. co s at the on oath or affirmation osed on this form	ON A SEPARATE SHEET, PLEA CATE OF FLORIDA COUNTY OF COUNTY OF COUN	The me this day of bert Grey Euers
IF ANY OF PARTS A OA' , the person whose name appears beginning of this form, do depose and say that the information disclosed	THROUGH FARE CONTINUED s at the on oath or affirmation osed on this form e, accurate,	ON A SEPARATE SHEET, PLEA OUNTY OF CONTROL OF THE ACTION OF A SEPARATE SHEET, PLEA OUNTY OF CONTROL OF THE ACTION OF THE ACTIO	ASE CHECK HERE The me this day of bent Grey Evers

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 6 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

PARTS A through E:

Use these sections of the form to report the new information you believe should have been reported on your original Form 6, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART F:

Use this section of the form to explain the changes in your original

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864.

Form 6, Attachment: 2012

Evers, Robert Gregory

Part B - Additional Asset Schedule

Real Estate at fair Market Value: Residence, 6680 Leepard Rd, Milton, FL 18 Acres and Building, 1054 Melton Rd, Baker, FL Residence & Acreage, 1054 Melton Rd, Baker, FL Condominium, 2520 Graves Rd, Unit 202, Tallahassee, FL 27.4 Acres, Daniel Johnson Rd, Okaloosa County, FL 75 Acres, Peaden Bridge Rd, Okaloosa County, FL 40 Acres, Beaver Creek Rd, Okaloosa County, FL 40 Acres, Green Rd, Santa Rosa County, FL 2 Acres, 5847 Hwy 189 N, Baker, FL	\$	285,000.00 403,000.00 200,000.00 110,000.00 125,000.00 262,500.00 140,000.00 200,000.00 1,865,500.00
Other Assets Cash on Hand, Cash Farm Accounts Farm Equipment Farm Center Equipment Farm Center Inventory Farm Center Accounts Receivable Retirement State of Florida (Not Self Directed)		85,511.99 250,000.00 45,000.00 63,709.33 15,226.77 69,272.00
Total	\$\$	2,394,220.09

Form 6, Attachment: 2012

Evers, Robert Gregory

Part C - Notes Payable Schedule

NOTES PAYABLE 12/31/12

BANK	NOTE#	INT RATE	BALANCE
Covington Community Bank, P O Box 400, Andalusia, AL	72148119	4.25	120,150.00
Covington Community Bank, P O Box 400, Andalusia, AL	72041009	6.75	227,728.48
Covington Community Bank, P. C. Box 400, 7 (Indulation, 7.1)			
First National Bank, P O Box 1119, Crectview, FL	377670005	5.25	44,819.53
First National Bank, P O Box 1119, Crectview, FL First National Bank, P O Box 1119, Crectview, FL First National Bank, P O Box 1119, Crectview, FL First National Bank, P O Box 1119, Crectview, FL	377680002	7.00	312,055.69
	378440001	7.00	15,510.90
	378590006	5.25	284,095.72
First National Bank, P O Box 1119, Crectview, FL	387500001	6.50	51,491.21
FIRST NATIONAL DATK, F O BOX 1110, OTOSTION, 12			
Seterus, P O Box 2008, Grand Rapids, MI	22227837	6.00	84,766.07
Selerus, F O Box 2000, Grand Hapton, III			
			1,140,617.60