	RFC	EIVED
FORM 6 FULL AND PUBLIC DISCLO	OSURE	HT OF STAZO13
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTERI	EST 201 JUNE 6 F	OFFICE ONLY:
LAST NAME FIRST NAME MIDDLE NAME:  Gaetz, II Matthew L		
MAILING ADDRESS:	OPVISION OF TALLAHA	SSEE, FI
301 Brooks Street	231620	
	201020	
CITY: ZIP: COUNTY:		
Fort Walton Beach 32548 Okaloosa  NAME OF AGENCY:	PROCESSI	FD
House of Representatives	1,1002001	
NAME OF OFFICE OR POSITION HELD OR SOUGHT  State House - District 2		
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, 2013, or a more current date. [Note reported liabilities from your reported assets, so please see the instructions on page 3.]  My net worth as of December 31		ed by subtracting your
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate val following, if not held for investment purposes: jewelry; collections of stamps, guns. and num furnishings; clothing; other household items; and vehicles for personal use.  The aggregate value of my household goods and personal effects (described above) is \$ 14, ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	nismatic items; art objects;	household equipment and
DESCRIPTION OF ASSET (specific description is required - see instruction Real Estate - see attached	ns p.4)	VALUE OF ASSET
Stock and Life Insurance - see attached		57,612
Checking Account - First City Bank, 135 Perry Avenue SE, Ft. Walton Beach, F	32548	5,164
Florida Retirement System		2,227
PART C LIABILITIES  LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
First City Bank, 135 Perry Avenue SE, Ft. Walton Beach, FL 32548		164,188
Donald Gaetz, 24 Bluewater Point Road, Niceville, FL 32578		50,000
		1
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		, AMOUNT OF LIABILITY

statement identifying each sepa remainder of Part D. below.	arate source and amount of	eral income tax income which	- INCOME  return, including all W2's, schedulexceeds \$1,000, including second: 's, schedules, and attachments.	iles, and atlachm ary sources of in	ents, OR (2) file a swom come, by completing the
			need not complete the remainder of	of Part D.]	
PRIMARY SOURCES OF INCO	•	ige 5):			
NAME OF SOURCE OF INCO Keefe, Anchors & Gordon,		2112 Louis	ADDRESS OF SOURCE OF INCO		38,758
<u> </u>					
State of Florida		200 E Gains St. Tallahassee, FL 32399		29,597	
Caregivers, Inc.		4400 Bayot	u Blvd, \$t 9, Pensacola, FL	32503	10,000
SECONDARY SOURCES OF IN NAME OF BUSINESS ENTITY	NCOME [Major customers, cli NAME OF MAJOR OF BUSINESS	SOURCES			ns on page 5]; PRINCIPAL BUSINESS CTIVITY OF SOURCE
		-			
P	ART E - INTERESTS IN		D BUSINESSES [Instructions BUSINESS ENTITY # 2		ESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	,				
ACTIVITY POSITION HELD		-			
WITH ENTITY 1 OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS NATURE OF MY		+			
OWNERSHIP INTEREST					
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED	ON A SEPARATE SHEET, P	LEASE CHE	CK HERE
OA	STATE OF FLORIDA COUNTY OF UKA100SA				
I, the person whose name appe		Sworn	to (or affirmed) and subscribed bef	fore me this	3+11 day of
beginning of this form, do depo and say that the information dis		Jui	<u>∩e</u> 20 14 by 1	γla#heu	1 L. Gaetz, 11
and any attachments hereto is			nacque Bayhr	)	
and complete.	and complete. (Signature of Novary PublicState of Florida)				
MAT	A-	(Print,	Packentic Baught Type, or Stamp Commissioned Nar		MACKENZIE R BAUGHN MY COMMISSION # EE8550 atieXPIRES October 16, 2016
100120				rodu <b>će kaj kaj</b> nic (407) 396-0153	PortdehoteryService.com
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	lype of	f Identification Produced		
If a certified public accountant she must complete the followin		3, or attorney i	in good standing with the Florida	Bar prepared ti	nis form for you, he or
I, Section 112.3144, Florida Statucorrect.	ites, and the instructions to	_, prepared the the form. Upo	ne CE Form 6 in accordance with on my reasonable knowledge an	h Art. II, Sec. 8, d belief, the disc	Florida Constitution, closure herein is true and
Signature				Date	
Preparation of this form b	y a CPA or attorney do	es not relic	ve the filer of the responsibi	lity to sign the	e form under oath.

Matthew L. Gaetz, II

As of December 31, 2013

Form 6, Part B

Assets Individually Valued at Over \$1,000

**Description of Asset** 

Real Estate	Parcel ID	Value
Okaloosa County		
Vacant Lot - Dorcas	13-3N-23-0000-0001-0230	46,013
Stonebridge Phase I Lot 2	28-3N-23-237A-0000-0020	27,388
Vacant Lot Cactus Drive - Florosa	16-25-25-0000-0008-0330	35,396
House 124 Harding Road Oakgrove Subdivision	17-15-22-1850-0002-0020	86,933
Residence 301 Brooks St Ocean City	13-2\$-24-1910-0563-0000	1 <b>94</b> ,329
Santa Rosa County		
Vacant Lot 7209 Beverly Street	02-1N-28-0000-08200-0000	4,750
Vacant Lot Magnolia Heights 5204 McCallister St	01-1N-28-2330-00100-0110	3,800
Vacant Lot 7124 Balkom Street	02-1N-28-0000-03400-0000	5,699
Vacant Lot 5316 Cathy Street	02-1N-28-0000-08203-0000	4,750
Vacant Lot Avalon Beach Lot 19 Block 449	40-1N-28-0090-44900-0190	3,325
Vacant Lot Avalon Beach Lot 5 Block 640	40-1N-28-0090-64000-0050	2,693
Vacant Lot Avalon Beach Lot 38 & 39 Block 722	40-1N-28-0090-72200-0380	2,992
Vacant Lot Navarre Lot 22 Block 3	21-25-26-2740-00300-0220	17,100
Walton County		
Lot 14, Block C - Cowford	36-1N-17-04050-00C-0140	10,605
Vacant Lot King Lake Estate Lot 6 Unit 1	01-3N-20-28020-000-0060	14,000
Total Value of Real Estate		\$ 459,773

## Stocks and Life Insurance

Florida 1st Bank stock - 125 Main Street Destin, FL 32541		50,000
State Farm Life Insurance Cash value		7,612
Total Stocks and Life Insurance	\$ _	57,612