

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST****2013**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
EVERS ROBERT GREGORY**FLORIDA
COMMISSION ON ETHICS**MAILING ADDRESS:
1054 MELTON ROAD**JUN 06 2014****RECEIVED**CITY : ZIP : COUNTY :
BAKER 32531 OKALOOSA**60649**NAME OF AGENCY :
FLORIDA SENATENAME OF OFFICE OR POSITION HELD OR SOUGHT :
FLORIDA SENATE DISTRICT 2**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, 2013, 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 DECEMBER 31, 20 13 was \$ 1,219,469.**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 \$ 75,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
CASH VALUE LIFE INSURANCE-NEW YORK LIFE, CLEVELAND, OH	2,500
COMMON STOCK-COVINGTON GIN, ANDALUSIA, AL	80,000
ADDITIONAL ASSET SCHEDULE ATTACHED	2,206,485

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
ACCOUNTS PAYABLE-CLOSELY-HELD BUSINESSES	73,597
NOTES PAYABLE-SCHEDULE ATTACHED	1,070,919

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.



I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
THE FLORIDA SENATE	200 E. GAINES ST, TALLAHASSEE, FL	26,628
GREG EVERS FARM	OKALOOSA COUNTY, FL	131,057
STATE OF FLORIDA NEW EMPLOYEE COMP.	200 E. GAINES ST, TALLAHASSEE, FL	32,013

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

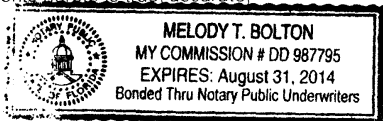
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

STATE OF FLORIDA
COUNTY OF OKALOOSA

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.



Sworn to (or affirmed) and subscribed before me this 2 day of

June, 2014 by Robert Gregory Evers
Melody Thompson Bolton
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

Robert Gregory Evers
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, John David Elliott, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Signature]
Signature

6/2/14
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

Form 6, Attachment: 2013

Evers, Robert Gregory

Part B - Additional Asset Schedule

Real Estate at fair Market Value:

Residence, 6680 Leepard Rd, Milton, FL	\$	285,000.00
18 Acres and Building, 1054 Melton Rd, Baker, FL		405,000.00
Residence & Acreage, 1054 Melton Rd, Baker, FL		200,000.00
Condominium, 2520 Graves Rd, Unit 202, Tallahassee, FL		110,000.00
27.4 Acres, Daniel Johnson Rd, Okaloosa County, FL		110,000.00
75 Acres, Peaden Bridge Rd, Okaloosa County, FL		190,000.00
40 Acres, Beaver Creek Rd, Okaloosa County, FL		160,000.00
40 Acres, Green Rd, Santa Rosa County, FL		120,000.00
2 Acres, 5847 Hwy 189 N, Baker, FL		165,000.00
	\$	<u>1,745,000.00</u>

Other Assets

Cash on Hand, Cash Farm Accounts	(17,272.00)
Farm Equipment	250,000.00
Farm Center Equipment	45,000.00
Farm Center Inventory	61,000.00
Farm Center Accounts Receivable	18,941.00
Retirement State of Florida (Not Self Directed)	69,272.00
	<u>69,272.00</u>

Total	\$	<u><u>2,171,941.00</u></u>
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Form 6, Attachment: 2013

Evers, Robert Gregory

Part C - Notes Payable Schedule

NOTES PAYABLE
12/31/2013

BANK	NOTE #	INT RATE	BALANCE
Covington Community Bank, P O Box 400, Andalusia,AL		4.25	120,150.00
Covington Community Bank, P O Box 400, Andalusia,AL		6.75	223,457.80
First National Bank, P O Box 1119, Crectview, FL		5.25	40,337.58
First National Bank, P O Box 1119, Crectview, FL		7.00	279,249.91
First National Bank, P O Box 1119, Crectview, FL		7.00	15,510.90
First National Bank, P O Box 1119, Crectview, FL		5.25	264,134.19
First National Bank, P O Box 1119, Crectview, FL		6.50	45,758.54
Seterus, P O Box 2008, Grand Rapids, MI		6.00	82,320.33
			1,070,919.25

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST****2013**Please print or type your name, mailing
address, agency name, and position below:

RECEIVED FOR OFFICE USE ONLY:

FLORIDA DEPT OF STATE

LAST NAME — FIRST NAME — MIDDLE NAME:
EVERS ROBERT GREGORYMAILING ADDRESS:
1054 MELTON ROADCITY: ZIP: COUNTY:
BAKER 32531 OKALOOSANAME OF AGENCY:
FLORIDA SENATENAME OF OFFICE OR POSITION HELD OR SOUGHT:
FLORIDA SENATE DISTRICT 2

2014 JUN 12 PM 12:46

DIVISION OF ELECTIONS
TALLAHASSEE, FL

60649

PROCESSED

CHECK IF THIS IS A FILING BY A CANDIDATE ☒**PART A -- NET WORTH**

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AMOUNT OF LIABILITY

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(Continued on reverse side)

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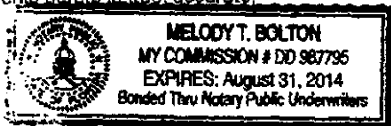
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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

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 OKALOOSA

Sworn to (or affirmed) and subscribed before me this 2 day of

June, 2014 by Robert Gregory Evers
Melody Thompson Bolton
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

Robert Gregory Evers
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, John David Elliott, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

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