| FORM 6 FULL AND PUBLIC DISCL   | LOSURE  | 2013  |
|--|---|---|
| Please print or type your name, mailing address, agency name, and position below:  | EST   | FOR OFFICE USE ONLY:  |
| LAST NAME — FIRST NAME — MIDDLE NAME: EVERS ROBERT GREGORY   |   | FLORIDA<br>COMMISSION ON ETHICS                               |
| MAILING ADDRESS:<br>1054 MELTON ROAD   |   | JUN 0 6 2014  |
|  |   | RECEIVED  |
| CITY: ZIP: COUNTY: BAKER 32531 OKALOOSA  | ] (9  | 0649  |
| NAME OF AGENCY: FLORIDA SENATE   |   | -   |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT:<br>FLORIDA SENATE DISTRICT 2  | ] pp/   | DCESSED   |
| CHECK IF THIS IS A FILING BY A CANDIDATE   |   | JULDULL   |
| PART A NET WORTH   |   |   |
| Please enter the value of your net worth as of December 31, 2013, or a more current date. [No reported liabilities from your reported assets, so please see the instructions on page 3.]   | ote: Net worth is not calc                            | ulated by subtracting your                                    |
| 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 virible following, if not held for investment purposes: jewelry; collections of stamps, guns, and nu furnishings; clothing; other household items; and vehicles for personal use. | alue exceeds \$1,000. Th<br>umismatic items; art obje | is category includes any of the acts; household equipment and |
| The aggregate value of my household goods and personal effects (described above) is \$ $75$  | 5,000   |   |
| ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instruction)   | ons 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 ATTTACHED   |   | 1,070,919   |
|  |   |   |
| ₽▼ `   |   |   |
| JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  NAME AND ADDRESS OF CREDITOR  |   | AMOUNT OF LIABILITY   |
|  |   |   |
|  |   |   |

| Ì   | PART D INC   | COME  |  |
|---|--|---|--|
| You may <i>EITHER</i> (1) file a complete copy of your 2013 statement identifying each separate source and amount remainder of Part D, below. | federal income tax retu<br>of income which excee         | rn, including all W2's, schedules, eds \$1,000, including secondary | and attachments, <b>OR</b> (2) file a sworn sources of income, by completing the |
| l elect to file a copy of my 2013 federal income ta [If you check this box and attach a copy of your 20]                                      | x return and all W2's, sc<br>013 tax return, you need    | thedules, and attachments.<br>I not complete the remainder of P     | rart D.]   |
| PRIMARY SOURCES OF INCOME (See instructions or  | n page 5):   |   |  |
| NAME OF SOURCE OF INCOME EXCEEDING \$1,000  |  | RESS OF SOURCE OF INCOME  | <del></del>  |
| THE FLORIDA SENATE  | 200 E. GAINES  | SST, TALLAHASSEE, FL  | 26,628   |
| GREG EVERS FARM   | OKALOOSA CO  | OKALOOSA COUNTY, FL 131,057   |  |
| STATE OF FLORIDA NEW EMPLOYEE COMP  | P. 200 E. GAINES   | SST, TALLAHASSEE, FL  | 32,013   |
|   | , clients, etc., of busines<br>JOR SOURCES<br>SS' INCOME | ses owned by reporting person<br>ADDRESS<br>OF SOURCE               | see instructions on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE               |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
| DADT E INTEDECTS  | IN SPECIFIED BU  | USINESSES [Instructions on  | page 6   |
| BUSINESS ENTI   |  | BUSINESS ENTITY # 2   | BUSINESS ENTITY # 3  |
| NAME OF   | ,,,,,  | DOGINEGO EIVITAT # 2  | BOSINESS ENTITY # 3  |
| BUSINESS ENTITY ADDRESS OF  |  |   |  |
| BUSINESS ENTITY   |  |   |  |
| PRINCIPAL BUSINESS<br>ACTIVITY  |  |   |  |
| POSITION HELD   |  |   |  |
| 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   | A SEPARATE SHEET, PLE   | ASE CHECK HERE   |
| ОАТН  | STATE OF F<br>COUNTY OF                                  | DKalopsa  |  |
| I, the person whose name appears at the   |  | affirmed) and subscribed before                                     | me this 2 day of   |
| beginning of this form, do depose on oath or affirmation  | 1  |   |  |
| and say that the information disclosed on this form   |  | 100 - 2014 by 1910  | Belton   |
| and any attachments hereto is true, accurate,   | Melo   |   | Delto  |
| and complete. MELODY T. BOLTON  | (Signature of  | Typitally PublicState of Florida)                                   |  |
| MY COMMISSION # DD 987795<br>EXPIRES: August 31, 2014   | (Print Type  | or Stamp Commissioned Name of                                       | of Notary Public)  |
| Bonded Thru Notary Public Underwriter   | Personally Kr  | . /   | uced Identification  |
| Robert Gregory Exert  | •  |   |  |
| SIGNATURE OF REPORTING OF FICHAL OR CANDIDA   | TE Type of Ident   | ification Produced  |  |
| If a certified public accountant licensed under Chapter 4   | 473, or attorney in goo                                  | od standing with the Florida Bar                                    | r 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                                       | t. II, Sec. 8, Florida Constitution,   |
| Section 112.3144, Florida Statutes, and the instructions correct.   | to the form. Upon my                                     | reasonable knowledge and be   | eller, the disclosure herein is true and   |
| 11 -  |  | . 1   | ,  |
| Me su   |  | 6/2/  | 14   |
| Signature   |  |   | Date   |
| Preparation of this form by a CPA or attorney   | does not relieve the                                     | e 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 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 | \$<br>285,000.00<br>405,000.00<br>200,000.00<br>110,000.00<br>190,000.00<br>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   |
|   | \$<br>1,745,000.00   |
| 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)   | <br>69,272.00  |
| Total   | \$<br>2,171,941.00   |
|   | <br>   |

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     | 13    | 5.25     | 40,337.58    |
| First National Bank, P O Box 1119, Crectview, FL     | 13    | 7.00     | 279,249.91   |
| First National Bank, P O Box 1119, Crectview, FL     | 13    | 7.00     | 15,510.90    |
| First National Bank, P O Box 1119, Crectview, FL     | 13    | 5.25     | 264,134.19   |
| First National Bank, P O Box 1119, Crectview, FL     | 3     | 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 DISCI   | LOSURE                 | 2013                   |  |
|---|---|------------------------|------------------------|--|
| Please print or type your name, mailing address, agency name, and position below:   | OF FINANCIAL INTER  | REST THEAR             | SHEED USE ONLY:        |  |
| LAST NAME — FIRST NAME — MIDD   | LE NAME.  |                        | or ormi;               |  |
|   | EGORY   | 2014 JUN 1 ;           | 2 PM 12: 46            |  |
| MAILING ADDRESS:  |   |                        |                        |  |
| 1054 MELTON ROAD  |   | - UIVISION OF          | ELECTIONS<br>ASSEE, FL |  |
|   |   | 60649                  | ASSEE. FL              |  |
| CITY:   | ZIP: COUNTY:  | 00049                  |                        |  |
| BAKER   | 32531 OKALOOSA  | _                      |                        |  |
| NAME OF AGENCY:<br>FLORIDA SENATE   |   | PROCES                 | SED                    |  |
| NAME OF OFFICE OR POSITION HEL<br>FLORIDA SENATE DISTRICT 2   | D OR SOUGHT :   |                        |                        |  |
| CHECK IF THIS IS A FILING BY A CAN  | NDIDATE 🗹   |                        |                        |  |
|   | PART A NET WORTH  |                        |                        |  |
| reported liabilities from your reported as  | as of December 31, 2013, or a more current date. [Nests, so please see the instructions on page 3.] |                        | ed by subtracting your |  |
| My net worth as   | of <u>DECEMBER 31</u> 20 <u>13</u> wa   | as \$ <u>1,219,469</u> |                        |  |
|   | 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   | d goods and personal effects (described above) is \$ _  | 75,000                 |                        |  |
| ASSETS INDIVIDUALLY VALUED AT C   | OVER \$1,000:<br>SSET (specific description is required - see instruc                               | ctions p.4)            | VALUE OF ASSET         |  |
| CASH VALUE LIFE INSURANCE   | -NEW YORK LIFE, CLEVELAND, OH   |                        | 2,500                  |  |
| COMMON STOCK-COVINGTON  |   |                        | 80,000                 |  |
| ADDITIONAL ASSET SCHEDULI   |   |                        | 2,206,485              |  |
| ADDITIONAL NOOD.  |   |                        |                        |  |
|   |   |                        |                        |  |
|   |   |                        |                        |  |
|   | PART C LIABILITIES  |                        |                        |  |
| LIABILITIES IN EXCESS OF \$1,000 (S<br>NAME AND ADDRES  | ee instructions on page 4):   |                        | AMOUNT OF LIABILITY    |  |
| ACCOUNTS PAYABLE-CLOSEL   |   |                        | 73,597                 |  |
| NOTES PAYABLE-SCHEDULE  |   |                        | 1,070,919              |  |
| NOTES PATABLE-OCTILE OCT.   |   |                        |                        |  |
|   |   |                        |                        |  |
| JOINT AND SEVERAL LIABILITIES N   |   |                        | AMOUNT OF LIABILITY    |  |
| NAME AND ADDRES   | S OF CREDITOR   |                        | ANIOGRI OF LIABILITY   |  |
|   |   |                        | <del> </del>           |  |
|   |   |                        | ļ                      |  |
|   |   |                        |                        |  |

A. . . . . .

| You may EITHER (1) file a complete statement identifying each separatemainder of Part D, below.  | ete copy of your 2013 fed<br>te source and amount of      | leral income tax<br>income which e | return, including all W2's,                              | schedules, and atta<br>secondary sources ( | chments, OR (2) file a swo<br>of income, by completing th |
|--|---|------------------------------------|--|--|---|
|  |   |                                    | s, schedules, and attachme<br>need not complete the rema |  |   |
| PRIMARY SOURCES OF INCOME  | (See instructions on pa                                   | age 5):                            |  |  |   |
| NAME OF SOURCE OF INCOM  | E EXCEEDING \$1,000                                       | <del> </del>                       | ADDRESS OF SOURCE O                                      |  | AMQUNT  |
| THE FLORIDA SENATE   | <del></del>   | 200 E. GAII                        | NES ST, TALLAHASS  | EE, FL                                     | 26,628  |
| GREG EVERS FARM  |   | OKALOOSA                           | COUNTY, FL   |  | 131,057   |
| STATE OF FLORIDA NEW E   | MPLOYEE COMP.   | 200 E. GAIN                        | IES ST, TALLAHASS  | EE, FL                                     | 32,013  |
| SECONDARY SOURCES OF INCO<br>NAME OF<br>BUSINESS ENTITY  | OME [Major customers, cli<br>NAME OF MAJOF<br>OF BUSINESS | SOURCES                            | sinesses owned by reporting<br>ADDRESS<br>OF SOURCE      |  | tions on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE   |
|  |   |                                    |  |  |   |
| PAR  | TE - INTERESTS IN   | SPECIFIED                          | BUSINESSES [Instrue                                      | tions on page 6]                           |   |
|  | BUSINESS ENTITY #   | : 1                                | BUSINESS ENTITY # 2                                      | 80:  | SINESS ENTITY #3  |
| NAME OF<br>BUSINESS ENTITY   |   |                                    |  |  |   |
| ADDRESS OF<br>BUSINESS ENTITY  |   |                                    |  |  |   |
| PRINCIPAL BUSINESS<br>ACTIVITY   |   |                                    |  |  |   |
| POSITION HELD  |   |                                    |  |  |   |
| WITH ENTITY OWN MORE THAN A 5%   | <u></u>   |                                    |  |  | <del></del>   |
| INTEREST IN THE BUSINESS NATURE OF MY  |   |                                    |  | <del></del>                                |   |
| OWNERSHIP INTEREST   |   |                                    | -  |  |   |
| IF ANY OF PARTS A TH   | ROUGH E ARE CO  | NTINUED O                          | N A SEPARATE SHEI  | et, please ch                              | ECK HERE 🔲  |
| OAT  | H   | STATE O                            | F FLORIDA OKALOOS  | a  |   |
| I, the person whose name appears   | at the  |                                    | (or affirmed) and subscribe                              |  | Z day of  |
| beginning of this form, do depose o  |   | Swom to                            |  | _  |   |
| and say that the information disclos   | ed on this form   |                                    | 2014   | by Motor (2)                               | cogory Evers  |
| and any attachments bereto is true.  | accurate,   | <b>171</b> e                       | e of Nothry Public State of                              | son Delt                                   |   |
|  | MELODY T, BOLTON<br>COMMISSION # DD 987795                | (Signala)                          | e of Notary 1 dollo-state of                             | , i lorida)                                |   |
| EXI  | PIRES: August 31, 2014<br>Thru Notary Public Underwriters | (Print, Ty                         | pe, or Stamp Commissione                                 | d Name of Notary P                         | ublic)  |
|  |   | Personall                          |  | R Produced Identifi                        | 1   |
| Colet Dugar  | Energy Constitution                                       | Type of lo                         | lentification Produced                                   |  |   |
| SIGNATURE OF REPORTING SER   | ICIAL OR CANDIDATE  |                                    |  |  |   |
| If a certified public accountant licensishe must complete the following state of the follow | itement:  | , prepared the                     | CE Form 6 in accordance                                  | e with Art. II, Sec. 8                     | , Florida Constitution,                                   |
| correct.   |   |                                    |  |  | ļ   |
| Melsen   |   |                                    | L  | 1/2/14                                     | 1   |
| Signature  |   |                                    |  | Date                                       |   |
| Preparation of this form by a  | CPA or attorney doe                                       | s not relieve                      | the filer of the respon                                  | sibility to sign th                        | ne form under oath.                                       |

CE FORM 6 - Effective January 1, 2014 Adopted by reference in Rule 34-8 002(1), F.A.C.

RECEIVED ESPARAMENT OF STATE

# 2014 JUN 12 PM 12: 46

DIVISION OF ELECTIONS TAL \_AHASSEE. FL

Form 6, Attachment: 2013

Evers, Robert Gregory

## Part B - Additional Asset Schedule

| \$<br>110,000.00<br>190,000.00<br>160,000.00<br>120,000.00<br>165,000.00<br>1,745,000.00                   |
|--|
| \$<br>(17,272.00)<br>250,000.00<br>45,000.00<br>61,000.00<br>18,941.00<br>69,272.00<br><b>2,171,941.00</b> |
| \$   |

Form 6, Attachment: 2013

Evers, Robert Gregory

Part C - Notes Payable Schedule

### NOTES PAYABLE 12/31/2013

| BANK   | NOTE#    | INT RATE | BALANCE      |
|--|----------|----------|--------------|
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| 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     | 1        | 7.00     | 279,249.91   |
| First National Bank, P O Box 1119, Crectview, FL     | 7        | 7.00     | 15,510.90    |
| First National Bank, PO Box 1119, Crectview, FL      | Ţ        | 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    |
|  | <u> </u> |          | 1,070,919.25 |