

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

LaMarca, Charles John

MAILING ADDRESS:

2605 NE 24th Street

CITY : ZIP : COUNTY :

Lighthouse Point FL 33064 Broward

NAME OF AGENCY :

Broward County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner-District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

**FLORIDA
COMMISSION ON ETHICS**

JUL 01 2015

RECEIVED

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PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2014. [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, 2014 was \$ 424,422.78

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 172,550.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

House-Primary residence @ 2605 NE 24th Street, Lighthouse Point, FL 33064

\$475,990.00

Retirement Accounts: Edward Jones, FRS & Joseph Camuccio, DDS

\$122,766.22

LaMarca Construction Corporation

\$100,000.00

Chase Bank, NA

\$4,845.89

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Chase Home Finance: PO Box 830016, Baltimore, MD 21283

\$65,538.33

Wells Fargo Bank: PO Box 563966, Charlotte, NC 28256

\$386,191.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Acura Financial Services (vehicle lease)

\$39,726.04

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2014 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 2014 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2014 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 |
|--|---|-------------|
| Broward County Commission | 115 S Andrews Avenue, Fort Lauderdale, FL 33301 | \$94,485.87 |
| LaMarca Construction Corporation | 2605 NE 24 Street, Lighthouse Point, FL 33064 | \$36,000.00 |

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 | | | |

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 30th day of June, 2015 by Charles John LaMarca
Liana Ravello
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) **LIANA RAVELLO**
 MY COMMISSION # FF211192
 EXPIRES April 26, 2019
 FloridaNotaryService.com

Personally Known OR Public Identification
 Type of Identification Produced _____

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, _____, 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

Date

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

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