

PROCESSED

234253

FLORIDA

COMMISSION ON ETHICS

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

SEP 05 2017

RECEIVED

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6): Latvala Woodrow J. (Jack)

MAILING ADDRESS: 3160 Oyster Bayou Way

CITY: ZIP: COUNTY: Clearwater 33759 Pinellas

- THIS FORM AMENDS THE (Choose one)
FORM 6 I FILED FOR THE YEAR: 2016
FORM 6F I FILED FOR THE PERIOD January 1, THROUGH
DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Florida Senate, District 16
WITH THIS GOVERNMENTAL AGENCY: 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 used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 2016 was \$ 7,405,256

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 55,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET, VALUE OF ASSET. Rows include Synovus Bank, Citizens State Bank, and Morgan Stanley.

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR, AMOUNT OF LIABILITY. Rows include Synovus Bank and a mortgage.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR, AMOUNT OF LIABILITY. No entries are present.

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):

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Rows include State of Florida and GCI Printing Services, Inc.

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
GCI Printing Services, Inc.	Direct Mail Systems, Inc.	12450 Automobile Blvd., CI	Direct Marketing
Jack Latvala, Inc.	Lewis Campaign	P.O. Box 1101, Alachua, FL	Consulting

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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.

PART G — EXPLANATION OF CHANGES

Under Part 1 - Net Worth the dollar amount had a period where a coma should have been. The correct amount as shown now is \$7,405,256

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

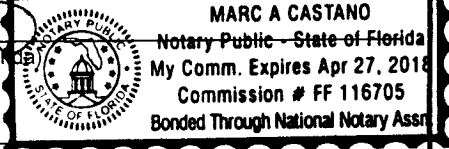
OATH

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 29th day of

August, 2017 by Woodrow Jack Latvala

(Signature of Notary Public--State of Florida)



Marc Castano

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

Personally Known _____ OR Produced Identification FL DL

Type of Identification Produced L314890514030

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.

Woodrow Jack Latvala
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, _____, prepared the CE Form 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:

PARTS A through F:

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

PART G:

Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

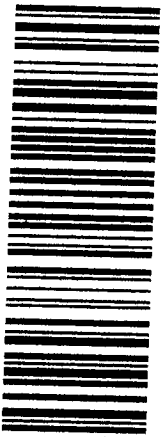
If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303; telephone (850) 488-7864.

Woodrow J. Latvala
2050 Tall Pines Drive, Suite A
Largo, FL 33771

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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32317

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The Florida Commission on Ethics
P. O. Drawer 15709
Tallahassee, FL 32317

32317-570909

