

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 27 2017

RECEIVED



ID Code

ID No. 72587

Conf. Code

Atwater, Jeff

*****AUTO**ALL FOR AADC 323 T3 P3 29 472

Hon Jeff Atwater
State of Florida - Chief Financial Officer
Financial Services, Department Of
Elected Constitutional Officer
400 South Monroe Street The Capitol Plaza 11
Tallahassee, FL 32399-0001

PROCESSED



HAND DELIVERED

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, 2016 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 Dec 31, 2016 was \$ 2,555,378.

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 \$ 48,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Row 1 contains 'SEE ATTACHED'.

PART C - LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1 contains 'NONE'.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1 contains 'NONE'.

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2016 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
STATE OF FLORIDA	200 E. Gaines St. Tallahassee, FL.	128,161
BANK OF AMERICA	100 N. Tyson St. Charlotte, N.C.	37,562

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
None			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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.

STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 27th day of

June 20 17 by
Susan D. Miller
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission # of Notary Public)

Personally Known

Type of Identification Produced



[Signature]
 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 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

FINANCIAL DISCLOSURE 2016
JEFF ATWATER PART B ASSETS
DECEMBER 31, 2016

BANK OF AMERICA CHECKING	16,604
NORTHERN TRUST CHECKING	24,360
NORTHERN TRUST MONEY MARKET	146,214
AMERICAN EXPRESS (AXP Equity)	7,408
Ford Motor (F Equity)	6,065
Whole Foods (WFM Equity)	4,614
NORTHERN TRUST NGREX	12,008
* NORTHERN TRUST IRA (SEE ATTACHED)	1,244,878
PRINCIPAL FINANCIAL (CASH VALUE LIFE INS.)	61,782
** DEFERRED COMP. PLAN / STATE OF FLORIDA (SEE BELOW)	46,268
Scottrade MONEY MARKET	12,218
Vanguard Small Cap (VB) w/ Scottrade	8,382
Vanguard High Dividend (VYM) w/ Scottrade	7,577
Residence: 580 Anchorage Dr., No Palm Beach, FL.	909,000

** Deferred Comp Plan Holdings on 12/31/16
T. Rowe Price Retire 2025 Tr A \$46,268

JEFF ATWATER

Northern Trust
IRA HOLDINGS 12/31/16

* INVESTMENT	SYMBOL	VALUE
Alphabet Inc.	GOOG	23,155
AT&T	T	42,530
BAXTER	BAX	13,302
BOEING	BA	15,568
DEERE	DE	20,608
GENERAL ELECTRIC	GE	22,120
INTEL	INTC	25,389
INTL BUSINESS MACHINE	IBM	16,599
JOHNSON & JOHNSON	JNJ	34,563
LOCKHEED MARTIN	LMT	49,988
MERCK	MRK	29,435
PEPSICO	PEP	31,389
PFIZER	PFE	25,984
PHILLIPS 66	PSX	8,641
PROCTER & GAMBLE	PG	25,224
QUALCOMM	QCOM	13,040
SHIRE	SHPG	7,497
UNION PACIFIC	UNP	10,368
UNITED TECHNOLOGIES	UTX	10,962
VERIZON	VZ	21,352
NORTHERN TRUST MONEY MRKT	NOGXX	684,100
VANGUARD	VFIDX	1,767
VANGUARD	VVO	35,780
VANGUARD	VYM	18,942
VANGUARD	VCIT	34,280
ISHARES	DVY	22,143
VANGUARD	VFIJX	151
TOTAL		\$ 1,244,878