FORM 6  FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

STEPHENV KELLEY
COUNTY COMMISSIONER, DISTRICT 2
NASSAU COUNTY
ELECTED CONSTITUTIONAL OFFICER
30462 FOREST PARKE DR
FERNANDINA BEACH, FL 32034-8102

2017

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 07 2018

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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, 2017 was $2,827,000.

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 $45,000.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET (specific description is required - see instructions p.4)</th>
<th>VALUE OF ASSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL PROPERTY 1,300,000 Single Family 315,000</td>
<td>1,615,000</td>
</tr>
<tr>
<td>5 ACRES RAW LAND O’NEAL RD.</td>
<td>250,000</td>
</tr>
<tr>
<td>Edward Jones/Wells Fargo/IRA'S 1,050,000</td>
<td></td>
</tr>
</tbody>
</table>

PART C -- LIABILITIES

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage - Wells Fargo</td>
<td>135,000</td>
</tr>
</tbody>
</table>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
</table>
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 2017 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 2017 federal income tax return and all W2’s, schedules, and attachments.

[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

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

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME EXCEEDING $1,000</th>
<th>ADDRESS OF SOURCE OF INCOME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brandon Center</td>
<td>Nassau County</td>
<td>$45,200</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS’ INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
<th>BUSINESS ENTITY # 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ______________________________

STATE OF FLORIDA
COUNTY OF ________________

Sworn to (or affirmed) and subscribed before me this 5TH day of June 2018 by ______________________________

(Signature of Notary Public—State of Florida)

(PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC)

Carol M. Gilchrist

Personally Known: ______________

Type of Identification Produced

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 ☐