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COMMISSION ON ETHICS

JUN 27 2019

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Hon Robert Payne  
State Representative  
House Of Representatives  
Elected Constitutional Officer  
2700 Fairway Dr  
Palatka, FL 32177-9788

HAND DELIVERED  
PROCESSED



ID Code



ID No. 266466

Conf. Code

Payne, Robert

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, 2018 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 JUNE 19, 2019 was \$ 2,829,695.

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 \$ 110,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| See Attached Continuation sheet  | 2,848,290      |
|  |                |
|  |                |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR                                   | AMOUNT OF LIABILITY |
|--|---------------------|
| FBC Mortgage, PO Box 77404, Ewing, NJ 08628 (RENTAL RESIDENCE) | \$114,095           |
| PNC Bank, PO Box 747066, Pittsburgh, PA 15274 (TRUCK LOAN)     | \$14,500            |
|  |                     |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
|                              |                     |
|                              |                     |

**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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2018 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 |
|--|-----------------------------|--------|
|  |                             |        |
|  |                             |        |

**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 |
|-------------------------|---|-------------------|---------------------------------------|
| N/A                     |   |                   |                                       |
|                         |   |                   |                                       |

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

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | N/A                 |                     |                     |
| 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.

*Robert B Payne*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Putnam

Sworn to (or affirmed) and subscribed before me this 24 day of June, 2019 by Robert B Payne

*Dana McNeill*

(Signature of Notary Public--State of Florida)  
 DANA MCNEILL  
 COMMISSION # GG59629  
 (Print, Type, or Stamp Commissioned Notary Public, State of Florida, Expires Jan. 28, 2021)  
 BONDING THROUGH INSURANCE COMPANY  
 Personally Known  OR Produced 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, Mary Kay Payne, 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.

*Mary Kay Payne*  
 Signature

6/19/19  
 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**

Form 6 Contribution Sheet

PAYNE, ROBERT B.

2018

**PART B - ASSETS**

**CASH AND INVESTMENT ACCOUNTS**

|   |              |
|---|--------------|
| TD BANK, 101 HWY 19 N., PALATKA, FL 32177 (CHECKING ACCT)                                   | \$9,960.54   |
| VYSTAR CREDIT UNION, 510 N. HWY 19, PALATKA, FL 32177 (MONEY MKT)                           | \$107,689.57 |
| FL RURAL ELECTRIC C. U., PO BOX 1697, TALLAHASSEE, FL 32302 (SAVINGS)                       | \$17,914.68  |
| BLACKROCK GLOBAL ALLOCATION FD, HARTFORD CAP APPR FND.<br>PO BOX 1501, PENNINGTON, NJ 08534 | \$16,621.39  |

**REAL ESTATE**

|   |              |
|---|--------------|
| 2700 FAIRWAY DRIVE, PALATKA, FL 32177 (PRIMARY RESIDENCE) | \$269,870.00 |
| 8550 A1A SOUTH, ST AUGUSTINE, FL 32080 (RENTAL RESIDENCE) | \$287,100.00 |

**OTHER**

|   |                |
|---|----------------|
| 401K ACCOUNT (TARGET DATE PORTFOLIO AND EQUITIES)<br>NRECA, PO BOX 6127, LINCOLN NE 68506 (See attached)  | \$890,955.69   |
| NRECA RETIREMENT SECURITY PLAN (CASH VALUE, DEFINED BENEFIT PLAN)<br>NRECA, PO BOX 6127, LINCOLN NE 68506 | \$1,242,718.71 |
| FRS INVESTMENT PLAN ACCOUNT STATEMENT (See attached)  | \$ 5,459.62    |

**TOTAL** **\$2,848,290.20**

**PART D-INCOME 2018**

| <u>PRIMARY SOURCES OF INCOME</u>                    | <u>ADDRESS OF SOURCE OF INCOME</u>               |              |
|---|--|--------------|
| <u>AMOUNT</u>                                       |  |              |
| Wages-Seminole Electric Coop                        | 16313 Dale Mabry Hwy,<br>Tampa,FL 33618          | \$119,844.31 |
| Wages- State of Florida<br>House of Representatives | 200 Gaines St<br>Tallahassee, FL 32399           | \$ 29,697.00 |
| Rental Income                                       | 8550 A1A S UNIT 23229<br>ST. AUGUSTINE, FL 32080 | \$ 15,457.14 |

Robert Payne  
401K - Dec. 2018

### What Happened This Period?

| Investment Name                  | Opening Shares | Opening Balance   | Contributions/ Credits <sup>1</sup> | Distributions/ Debits <sup>2</sup> | Transfers   | Earnings <sup>3</sup> | Closing Balance   | Closing Shares |
|----------------------------------|----------------|-------------------|-------------------------------------|------------------------------------|-------------|-----------------------|-------------------|----------------|
| Value Stock Fund                 | 276.3018       | 24,606.35         | 2,704.38                            |                                    |             | -3,037.51             | 24,273.22         | 309.6816       |
| S&P 500 Stock Index Fund         | 2,491.2619     | 24,949.59         | 2,704.32                            |                                    |             | -3,518.53             | 24,135.38         | 2,788.2448     |
| Retirement Target Date Portfolio | 115.7728       | 1,831.92          |                                     |                                    |             | -87.38                | 1,744.54          | 115.7728       |
| 2020 Target Date Portfolio       |                |                   |                                     |                                    | 859,120.18  | -18,317.63            | 840,802.55        | 55,538.2925    |
| 2030 Target Date Portfolio       | 52,094.3155    | 898,408.66        |                                     |                                    | -859,120.18 | -39,288.48            |                   |                |
| <b>TOTALS</b>                    |                | <b>949,796.52</b> | <b>5,408.70</b>                     | <b>0.00</b>                        | <b>0.00</b> | <b>-64,249.53</b>     | <b>890,955.69</b> |                |

<sup>1</sup> Includes rollovers and contributions. <sup>2</sup> Includes fees. <sup>3</sup> Gains and losses for the quarter are unrealized until you take a distribution from the Plan or transfer funds out of the account.

### Your Historical Contribution Information

| Contribution Source | Current Quarter | Year-To-Date | Balance <sup>1</sup> |
|---------------------|-----------------|--------------|----------------------|
| <b>Employee</b>     |                 |              |                      |
| Pre-Tax             | \$4,206.78      | \$16,765.86  | \$710,972.16         |
| <b>Employer</b>     |                 |              |                      |
| Contributions       | \$1,201.92      | \$3,517.38   | \$179,983.53         |

<sup>1</sup> Includes contributions and earnings.

### Your Account Balance History



Florida Retirement System

# Your 4th Quarter FRS Investment Plan Account Statement



ROBERT B. PAYNE

Review your account online at [MyFRS.com](http://MyFRS.com)

## Your Account Summary

Activity from October 1, 2018 through December 31, 2018

|   |            |
|---|------------|
| <b>Opening Balance</b>                    | \$5,588.56 |
| <b>Deposits</b>                           |            |
| Investment Plan Employee                  | \$222.72   |
| Investment Plan Employer                  | \$473.67   |
| <b>Gains/Losses</b>                       | -\$825.33  |
| <b>Closing Balance</b>                    | \$5,459.62 |
| <b>Your Rate of Return for the Period</b> | -13.9%     |

## Your Investment Plan Contributions

|                 | Quarter  | YTD        |
|-----------------|----------|------------|
| <b>Employee</b> | \$222.72 | \$890.88   |
| <b>Employer</b> | \$473.67 | \$1,894.68 |

## Contributions to the FRS Investment Plan

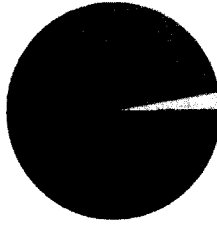
You receive regular FRS contributions - both your own and your employer's contributions.

|  |                        |
|--|------------------------|
| Your Employee Contributions                | 3.00% of salary*       |
| Investment Plan Employer Contributions     | 6.38% of salary        |
| <b>Total Investment Plan Contributions</b> | <b>9.38% of salary</b> |

\*Salary is defined in Section 121.021(22), Florida Statutes.

## Your Account Balance by Source

Here's more detail about your account balance by source:



|                          |                   |      |
|--------------------------|-------------------|------|
| ABO Transfer In          | \$149.11          | 0%   |
| Investment Plan Employer | \$3,619.41        | 100% |
| Investment Plan Employee | \$1,691.10        | 100% |
| <b>Total</b>             | <b>\$5,459.62</b> |      |

<sup>1</sup>You become vested when you satisfy the Plan's requirements.

You become vested based on your years of service:  
 Your Total Vested Balance \$5,310.51  
 Your Non-Vested Balance \$149.11  
 Total FRS Years of Service 2.24

## Your Beneficiaries

| Beneficiary Name        | Benefit Percentage | Relationship |
|-------------------------|--------------------|--------------|
| Primary Margie C. Payne | 100%               | Spouse       |

1-866-446-9377, Option 2 (TRS 711) for free financial and retirement planning

**Questions about the Quarterly Statement?**  
 Call 1-866-446-9377, Option 4 (TRS 711) between 9:00 a.m. and 8:00 p.m. ET, Monday through Friday, except holidays