

HAND DELIVERED

FORM 6	FULL AND PUBLIC DISCLOSURE	2015
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY: 235087
LAST NAME — FIRST NAME — MIDDLE NAME: Dozier, Kristin Elizabeth		FLORIDA COMMISSION ON ETHICS JUN 30 2016 RECEIVED PROCESSED
MAILING ADDRESS: 510 Terrace Street		
CITY: Tallahassee ZIP: FL COUNTY: 32308		
NAME OF AGENCY: Leon County Commission		
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Leon County Commissioner, District 5		
CHECK IF THIS IS A FILING BY A CANDIDATE <input type="checkbox"/>		

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 31st, 2015 was \$ 47,228.11.

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 \$ 18,200.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
367 Whetherbine Way East, Tallahassee 32301 - Rental	\$105,000.00
510 Terrace St., Tallahassee 32308	\$280,000.00
Volvo S60, 2012 (purchased used)	\$12,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Quicken Loans, PO Box 442359, Detroit MI 48226 - Rental Loan	\$113,543.59
ACS, PO Box 7051, Utica NY 13504 - 2 student loans	\$32,347.00
Envision Credit Union, PO Box 26648, Tallahassee 32314 - Car Loan	\$13,885.00
Laurie and Kelly Dozier, Private Mortgage - 510 Terrace Loan	\$208,196.30
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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
Leon County Commission	301 South Monroe Street, Tallahassee FL 32301	77,341.83

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			
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.

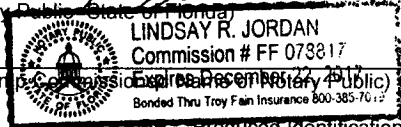
OATH

STATE OF FLORIDA
 COUNTY OF LEON

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.

Sworn to (or affirmed) and subscribed before me this 30th day of JUNE, 20 16 by KRISTIN DOZIER

Lindsay R. Jordan
 (Signature of Notary Public, State of Florida)



(Print, Type, or Stamp Name, Commission #, and Expiration Date of Notary Public)

Personally Known OR Produced Identification

[Handwritten Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced LICENSE

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