

rec'd 6-7-10

# FORM 6 FULL AND PUBLIC DISCLOSURE OF 2009

## FINANCIAL INTEREST

Please print or type your name, mailing address, agency name, and position below :

LAST NAME — FIRST NAME — MIDDLE NAME:

Echols James Russell

FOR OFFICE USE ONLY:

MAILING ADDRESS:

PO Box 56

ID Code

CITY :

Moore Haven

ZIP :

33471

COUNTY :

GLADES

ID No.

NAME OF AGENCY :

GLADES County

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner District 4

P. Req. Code

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, 2009, 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 7<sup>th</sup>, 2010 was \$ 229,423.32

### 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.

The aggregate value of my household goods and personal effects (described above) is \$ \_\_\_\_\_

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
First Bank of Clewiston checking acct / Fairwinds Savings Acct	\$ 7,951.56
19ft Boat & Trailer	\$ 5,000.00
29 travel trailer	\$ 5,000.00
lot 50 twin lakes Estates Clewiston FL	\$ 9,500.00
T. Rowe Price Retirement Acct.	\$ 155,323.71

### PART C -- LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ford Motor Credit Box 105697 Atlanta GA 30348-5697	\$ 3351.95

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
A. Orta & Sons Inc GLADES County	PO Box 620257 Oviedo FL 32762	\$167,105.00
Rental Income GLADES County	PO Box 10 Moore Haven FL 33471	\$24,354.76
	1045 SD Twin Lakes Estates Clearwater FL	\$2160.00
	PO Box 10 Moore Haven FL 33471	\$127,000.00

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	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			

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

**OATH**

STATE OF FLORIDA  
COUNTY OF Glades

Sworn to (or affirmed) and subscribed before me this 7<sup>th</sup> day of

June, 2010 by James Russell Eckels  
Mary Ann Dotson  
(Signature of Notary Public--State of Florida)

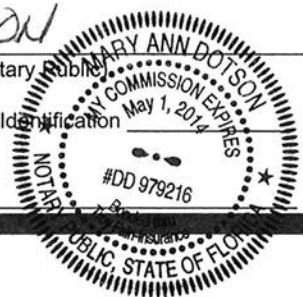
MARY ANN DOTSON  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification                     

Type of Identification Produced                     

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.

James Russell Eckels  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.