FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

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

FOR OFFICE USE ONLY:

PROCESSED

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SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:
Cook Gail G

MAILING ADDRESS:
1708 Philips Manor Road

CITY: Fernandina Beach ZIP: 32034 COUNTY: Nassau

NAME OF AGENCY:
Nassau County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board Member District 2

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, 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 June 17, 2016 was $ 592,327.00

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 $ 114,500.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1708 Philips Manor Rd Fernandina Beach FL 32034	$ 231,290.
SunLife Financial 1300 Riverplace Blvd Jacksonville FL 32207	$ 50,000.00
The Principal Life Insurance P.O Box 10360 Des Moines IA 50306	$ 60,000.00
Trustmark Life Insurance 1201 Atlantic Ave Fernandina Beach FL 32034	$ 30,000.00
Morgan Stanley Smith Barney 50 N. Laura St. Jacksonville FL 32202	$ 13,838.00
Baystar Advance Materials 1301 Riverplace Blvd Jacksonville FL 32207	$ 46,320.00
John Hancock (RA) 1300 Riverplace Blvd Jacksonville FL 32207	$ 46,179.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Vystar Credit Union 1900 S. 14th St. Fernandina Bch, FL (Mortgage)	$ 27,084.35
Vystar Credit Union 1900 S 14th St. Fernandina Beach FL (Auto)	$ 9,965.70
CHASE P.O Box 15123 Wilmington DE 19850-5123	$ 3,559.01

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 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
Family Support Services of North Florida	1300 Riverplace Blvd. Jacksonville, FL 32207	$ 4 R, 286.00
Nassau County School Board	1201 Atlantic Highway Fernandina Bch, FL 32034	$ 30, 208.00

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

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.

Gail G Cook

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Nassau

Sworn to (or affirmed) and subscribed before me this 17 day of June, 2016 by Gail G Cook

Maria Pearson

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary) MARIA PEARSON

Personally Known ✓ OR Produced Identification

Type of Identification Produced

MARIA PEARSON
Notary Public - State of Florida
My Comm. Expires Jun 17, 2017
Commission # FF 28249
Bonded Through National Notary Assn.

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 ☐