HAND DELIVERED

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Dailey, John E.

MAILING ADDRESS:
301 S. Monroe St.

5th Floor Leon County Courthouse

CITY: Tallahassee ZIP: 32301 COUNTY: Leon

NAME OF AGENCY:
Leon County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner, District 3

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
211335

FLORIDA COMMISSION ON ETHICS
JUN 23 2016
RECEIVED

PROCESSED

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 31, 20 15 was $ 363,915.31.

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 $ 895,658.38

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - 703 Live Oak Plantation Rd. Tallahassee, FL 32312	600,000.00
Retirement Accounts - TIAA CREF & FRS	170,757.24
Bank Accounts - BB&T Bank PO Box 580022 Charlotte, NC 28258	1,539.00
Continued on Attached Form	---

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage - BB&T Bank PO Box 580022 Charlotte, NC 28258	530,896.32

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Credit Card - PO Box 15298 Wilmington, DE 19850	846.75

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 S. Monroe St. 32301	86,671.03
JDA Strategies, LLC	703 Live Oak Plantation Rd. 32312	68,088.16

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
JDA Strategies, LLC	Florida League of Cities	301 S. Bronough St. 32301	Consulting & Research

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.

Evans Dailey

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 23 day of June, 2016 by John E. Dailey

Stephanie Holloway

(Signature of Notary Public--State of Florida)

Stephanie Holloway

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

Personally Known ✓ OR Produced Identification

Type of Identification Produced

STEPHANIE HOLLOWAY
Notary Public - State of Florida
My Comm. Expires Jul 17, 2016
Commission # EE 217161
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 ☐

Dailey, John Evans
301 S. Monroe St.
Tallahassee, FL 32301
Leon County Board of County Commissioners
County Commissioner, District 3

PART B – ASSETS cont.

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Accounts – Centennial Bank – PO Box 966 Conway, AR 72033	9,577.88
John Hancock Freedom 529 – PO Box 17603 Baltimore, MD 21297	22,884.26
2010 Honda Odyssey	10,900.00
Personal	80,000.00