FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2015

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 29 2016

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Jill Holcomb
Board Vice Chairperson
Okeechobee County School Board
Elected Constitutional Officer
PO Box 3173
Okeechobee FL 34973-3173

ID Code

ID No. 257647

Conf. Code

Holcomb , Jill

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 December 31, 20 15 was $ 370,000.

PART B -- ASSETS

* See attached list for addition

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 $ 45,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Savings Account (Bank of America)	5,000.00
Checking Account (Bank of America)	3,000.00
Checking Account (Seacoast National Bank)	2,500.00
Savings Account (LIBS Bank)	129,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	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
Indian River State College	3209 Virginia Ave, Ft. Pierce, FL 34981	$7,900.00
Okeechobee County School Board	700 SW 2nd Ave, Okeechobee, FL 34974	17,700.00

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	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.

Jill Holcome
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Okeechobee

Sworn to (or affirmed) and subscribed before me this 28th day of June, 2016 by Jill Holcome.

ERIC M. POPE
MY COMMISSION # FF 070497
EXPIRES: November 28, 2017
Bonded Thru Budget Notary Services

(Signature of Notary Public--State of Florida)

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

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, _____, 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 ☐

Part B Assets Continued

Description	Value
Roth IRA (UBS Bank)	6,400.00
FL Prepaid (2+2 tuition plan)	8,200.00
FL Prepaid (2+2 tuition plan)	11,000.00
Coca Cola Co. Stock	6,000.00
Walt Disney Co. Stock	5,000.00
(PNC Bank) Savings Account	2,800.00
(Seacoast) Money Market Account	50,000.00
FRS Investments	
(100% in CREF Money Market R1, CREF MO7144G-9) through IRSC	3,000.00
(100% in FRS 2040 Retirement Date Fund) through Okeechobee School Syst.	6,000.00
(SunTrust) Savings Account	56,000.00
College America Account	
529 / VCSP	
American Fund Balanced 529A	10,000.00
American Fund Balanced 529B	1,500.00