FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 21 2017
RECEIVED

********AUTO**ALL FOR AADC 323 T3 P2 10 393
Robert Randolph Pearce
Superintendent of Schools
Wakulla County School Board
Elected Constitutional Officer
47 Parkside Cir
Crawfordville, FL 32327-7424

PROCESSED

ID Code
ID No. 63788
Conf. Code
Pearce, Robert Randolph

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, 2016 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 16 was $ _____.

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 $ 86,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House and Land 47 Parkside Circle, Wakulla County FL	$255,000.00
Voya Financial Acct. - TSA	$26,400.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ditech Mortgage, P.O. Box 6172 Rapid City S.D. 57709-6176	$199,900.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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
Wakulla County School Board	P.O. Box 100 Crawfordville, Fl. 32326	110,664.79
Pool Maintenance Business	47 Parkside Circle Crawfordville, Fl. 32327	$6800.00

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

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.

STATE OF FLORIDA
COUNTY OF Wakulla

Sworn to (or affirmed) and subscribed before me this 19 day of June, 20 17 by Robert Randolph Pearce

LOU ANN CRUM MY COMMISSION EXPIRES May 11, 2019 #FF 229098 Bonded thru Troy Fain - Insurance NOTARY PUBLIC, STATE OF FLORIDA

Lou Ann Crum
(Signature of Notary Public--State of Florida)

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

Robert Randolph Pearce
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☐

WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD
POST OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850)926-0065
FAX: (850) 926-0123

FLORIDA
COMMISSION ON ETHICS
JUN 21 2017
RECEIVED

Robert Pearce
Superintendent

Verna Brock
District I

Melisa Taylor
District II

Becky Cook
District III

Greg Thomas
District IV

Jo Ann Daniels
District V

June 19, 2017

Virlindia Doss, Executive Director
Florida Commission on Ethics
Post Office Drawer 15709
Tallahassee, Florida 32317-5709

RE: Full and Public Disclosure of Financial Interests

Dear Ms. Doss,

Enclosed please find the original Full and Public Disclosure of Financial Interests for Robert Pearce, Superintendent of Schools for Wakulla County, Florida. Please let me know if you have any questions.

Sincerely,

Rhonda Stevens
Administrative Secretary to
Robert Pearce, Superintendent
Wakulla County Schools

Enclosure: As Stated

rs