

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

JUN 30 2017

RECEIVED

*****AUTO**ALL FOR AADC 328 T5 P1 7 667

Hon Thomas J. Leek
State Representative
House Of Representatives
Elected Constitutional Officer
STE 210
149 S Ridgewood Ave
Daytona Beach, FL 32114-4386

PROCESSED

ID Code



ID No. 266457

Conf. Code

Leek, Thomas J.

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 June 28, 20 17 was \$ 852,003.75
~~871,503.00~~

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

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
Cobb + Cole P/A	149 S. Ridgewood Ave, Ste 700	207,478.20

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
None			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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 Volusia

Sworn to (or affirmed) and subscribed before me this 28th day of

June, 2017 by

Jennifer S. Baker
(Signature of Notary Public--State of Florida)

Commission No. FF 58258

My Comm. Expires Oct. 21, 2017

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

Personally JENNIFER S. BAKER OR Produced Identification

Type of Identification Produced

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☐

2016 Form 6 Attachment

ASSETS:

ID

Approx. Value

LIABILITIES:

Approx. Amt.

NET VALUE:

INCOME:

Source

Approx. Amt.

401(k) (Voya)

\$564,398.43

\$0.00

\$564,398.43

Cobb Cole

\$207,478.20

Florida Prepaid 1 (AUL)

\$10,722.25

\$0.00

\$10,722.25

FI Legislature

\$3,918.74

Florida Prepaid 2 (SEL)

\$25,159.92

\$0.00

\$25,159.92

Home - 228 Royal Dunes Blvd

\$300,000.00

-\$212,427.91

\$87,572.09

total

\$211,396.94

Stock (WhiteCap, LLC)

\$26,476.04

\$0.00

\$26,476.04

Stock (115 S. Palmetto, LLC)

\$17,000.00

\$0.00

\$17,000.00

2009 Cadillac

\$20,000.00

-\$25,846.21

-\$5,846.21

2008 Mercedes

\$16,000.00

-\$20,190.97

-\$4,190.97

2010 Jeep

\$17,000.00

\$0.00

\$17,000.00

2017 Chevy

\$20,000.00

-\$5,370.75

\$14,629.25

2012 Sea Hunt

\$40,000.00

-\$11,349.23

\$28,650.77

Checking Acct (Bank of America - 1)

\$125.22

\$0.00

\$125.22

Checking Acct (Bank of America - 2)

\$9,275.58

\$0.00

\$9,275.58

Checking Acct (Bank of America - 3)

\$2,907.50

\$0.00

\$2,907.50

Savings Acct (Bank of America - 1)

\$14,924.75

\$0.00

\$14,924.75

Savings Acct (Bank of America - 2)

\$13,681.15

\$0.00

\$13,681.15

Savings Acct (United Healthcare)

\$3,077.14

\$0.00

\$3,077.14

Stock (Publix 650)

\$25,447.50

\$0.00

\$25,447.50

Stock (Huntington 581)

\$7,657.58

\$0.00

\$7,657.58

total:

\$979,756.64

-\$275,185.07

\$858,667.99

ADDITIONAL LIABILITIES:

Student Loans (Naviant)

-\$37,164.37

Other:

-\$19,499.87

HOUSEHOLD GOODS:

\$50,000.00

NET WORTH:

\$852,003.75