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FLORIDA
COMMISSION ON ETHICS

JUN 07 2018

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ID Code

ID No. 266457

Conf. Code

Leek, Thomas J.

*****AUTO**ALL FOR AADC 328 T5 P1 9 646

Hon Thomas J. Leek
State Representative
House Of Representatives
Elected Constitutional Officer
Ste 210
149 S Ridgewood Ave
Daytona Beach, FL 32114-4335

PROCESSED

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, 2017 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 12/31, 20 17 was \$ 1,142,406.

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 \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>none</u>	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>see Exhibit A</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>none</u>	

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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, PA	149 S. Ridgewood Ave, Daytona	\$393,846
Florida Legislature	575 The Capitol, 402 S. Monroe St. Tallahassee	29,697

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	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.

N/A

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

STATE OF FLORIDA
COUNTY OF

Volusia

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation

Sworn to (or affirmed) and subscribed before me this 4 day of

and say that the information disclosed on this form and any attachments hereto is true and accurate and complete

June 20 18 by Theresa Mary Canavan
Thomas Leek (Signature of Notary Public--State of Florida)

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

Personally Known OR Produced Identification

Type of Identification Produced Florida Drivers License

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 ☐

2017 Form 6 Disclosure - Exhibit A

ASSETS:		LIABILITIES:		NET VALUE:		INCOME:	
ID	Approx. Value	Approx. Amt.			Source	Amount	
401(K) (VOYA)	\$ 637,859	\$ -	\$ 637,859		Cobb Cole	\$ 393,846.00	
Florida Prepaid 1 (AUL)	\$ 2,216	\$ -	\$ 2,216		Fl. Legislature	\$ 29,697.00	
Florida Prepaid 2 (SEL)	\$ 19,919	\$ -	\$ 19,919				
Home - 228 Royal Dunes	\$ 392,000	\$ 199,534.00	\$ 591,534		total	\$ 423,543.00	
Stock (WhiteCap, LLC)	\$ 29,711	\$ -	\$ 29,711				
Stock (115 S. Palmetto, LLC)	\$ 12,735	\$ -	\$ 12,735				
2009 Cadillac	\$ 22,209	\$ 18,658.00	\$ 40,867				
2008 BMW	\$ 17,878	\$ 19,532.00	\$ 37,410				
2010 Jeep	\$ 14,281	\$ -	\$ 14,281				
2017 Chevy	\$ 14,249	\$ 18,055.00	\$ 32,304				
2012 Sea Hunt	\$ 35,000	\$ -	\$ 35,000				
Checking Acct (Bank of America - 1)	\$ 115,302	\$ -	\$ 115,302				
Checking Acct (Bank of America - 2)	\$ 2,378	\$ -	\$ 2,378				
Checking Acct (Bank of America - 3)	\$ 3,628	\$ -	\$ 3,628				
Savings Acct (Bank of America - 1)	\$ 8,934	\$ -	\$ 8,934				
Savings Acct (Bank of America - 2)	\$ 19,606	\$ -	\$ 19,606				
Savings Acct (United Healthcare)	\$ 4,271	\$ -	\$ 4,271				
Stock (Publix)	\$ 27,138	\$ -	\$ 27,138				
Stock (Huntington)	\$ 8,375	\$ -	\$ 8,375				
total:	\$ 1,387,689	\$ 255,779.00	\$ 1,643,468				
ADDITIONAL LIABILITIES:							
Student Loans (Naviant)		\$ 31,278.00					
Credit Card (Bank of America)		\$ 5,705.00					
Credit Card (USAA)		\$ 2,521.00					
HOUSEHOLD GOODS:							
	\$ 50,000						
NET WORTH:	\$ 1,142,406						

FOR OFFICE USE ONLY:

*****AUTO**ALL FOR AADC 328 T5 P19646

Hon Thomas J. Leek
State Representative
House Of Representatives
Elected Constitutional Officer
Ste 210
149 S Ridgewood Ave
Daytona Beach, FL 32114-4335



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VALUE OF ASSET

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PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

see Exhibit A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

none

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OATH

STATE OF FLORIDA
COUNTY OF

Volusia

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation

Sworn to (or affirmed) and subscribed before me this 4 day of

and say that the information disclosed on this form, Commission # GG 103027 and any attachments hereto, is true and complete.

June, 2018 by Theresa Mary Canavan
 Thomas Leek (Signature of Notary Public--State of Florida)

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

Personally Known OR Produced Identification

Type of Identification Produced Florida Drivers License

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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