FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

FLORIDA

FOR OFFICE USE ONLY:
COMMISSION ON ETHICS
AUG 2 8 2018
RECEIVED

********AUTO**ALL FOR AADC 320 T1 P1 21 21
Gail Cook
School Board Member District 2
Nassau County School Board
Elected Constitutional Officer
1708 Philips Manor Rd
Fernandina, FL 32034-5338

PROCESSED

ID Code
ID No. 15737
Conf. Code
Cook, Gail

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 August 22, 2018 was $ 626,348.15.

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 $ 116,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1708 Philips Manor Road Fernandina Beach, FL 32034	$ 255,200.00
The Principal Life Insurance P.O Box 10360 Des Moines IA 50306	$ 60,000.00
John Hancock 1300 Riverplace Blvd #700 Jacksonville, FL 32207	67,690.
Morgan Stanley Smith Barney 50 N Laura St Jacksonville 32207	$ 14,999.00
Rayonier Advanced Materials 301 Riverplace Blvd #2300 Jax, FL 32207	$ 54,260.
Lincoln Financial Group 1300 Riverplace Blvd Jacksonville FL 32207	$ 50,000
Trustmark Life Insurance 1201 Atlantic Avenue Fern. Bch FL 32034	$ 30,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Oyster Credit Union (Mortgage) 1900 S. 14th Street Fernandina Beach FL 32034	$ 18,222.86
CHASE (Credit Card) P.O Box 15123 Wilmington DE 19850-5123	3,578.05

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 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
Family Support Services of North Florida	1320 Riverplace Blvd #700 Jacksonville, FL 32207	$48665
School Board of Nassau County	1201 Atlantic Avenue Fern. Bch FL 32034	30085

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.

Gail G Cook

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 22nd day of August, 2018 by Gail G Cook.

Edwina L Durbin

(Signature of Notary Public--State of Florida)

EDWINA L. DURBIN
MY COMMISSION # GG 142109
EXPIRES: January 7, 2022
Bonded Thru Notary Public Underwriters

(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 ☐

Form **1040** Department of the Treasury--Internal Revenue Service (99)

U.S. Individual Income Tax Return

2017 | OMB No. 1545-0074 | IRS Use Only--Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

See separate instructions.

GAIL G COOK

1708 PHILIPS MANOR ROAD
FERNANDINA BEACH FL 32034

Your social security number [redacted]

Spouse's social security no.

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) (see instructions)

Exemptions

If more than four dependents, see inst. & check here ▶ ☐

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**
c **Dependents:**

Boxes checked on 6a and 6b: 1

No. of children on 6c who:
- ● lived with you: 0
- ● did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see inst.)
			☐
			☐
			☐
			☐

d Total number of exemptions claimed: Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	78,750
8a	**Taxable** interest. Attach Schedule B if required		8a	12
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	441
b	Qualified dividends	9b 441		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b
21	Other income. List type and amount		21	
22	Combine the amts. in the far right column for lines 7 through 21. This is your **total income** ▶		22	79,203

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	0
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	79,203

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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	79,203
	39a	Check if: [X] You were born before January 2, 1953, [ ] Blind. [ ] Spouse was born before January 2, 1953, [ ] Blind. Total boxes checked ▶ 39a 1		
Standard Deduction for-- ● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. ● All others: Single or Married filing separately, $6,350 Married filing jointly or Qualifying widow(er), $12,700 Head of household, $9,350	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]		
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	17,608
	41	Subtract line 40 from line 38	41	61,595
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	57,545
	44	**Tax** (see inst.). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]	44	10,086
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	10,086
	48	Foreign tax credit. Attach Form 1116 if required [48]		
	49	Credit for child & dependent care expenses. Attach Form 2441 [49]		
	50	Education credits from Form 8863, line 19 [50]		
	51	Retirement savings contributions credit. Attach Form 8880 [51]		
	52	Child tax credit. Attach Schedule 8812, if required [52]		
	53	Residential energy credits. Attach Form 5695 [53]		
	54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] [54]		
	55	Add lines 48 through 54. These are your **total credits**	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	10,086
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]	61	
	62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your **total tax** ▶	63	10,086
Payments	64	Federal income tax withheld from Forms W-2 and 1099 [64] 12,175		FORM 1099
If you have a qualifying child, attach Schedule EIC.	65	2017 estimated tax payments & amt. applied from 2016 return [65]		
	66a	**Earned income credit (EIC)** [66a]		
	b	Nontaxable combat pay election [66b]		
	67	Additional child tax credit. Attach Schedule 8812 [67]		
	68	American opportunity credit from Form 8863, line 8 [68]		
	69	Net premium tax credit. Attach Form 8962 [69]		
	70	Amount paid with request for extension to file [70]		
	71	Excess social security and tier 1 RRTA tax withheld [71]		
	72	Credit for federal tax on fuels. Attach Form 4136 [72]		
	73	Credits from Form: a [ ] 2439 b Reserved c [ ] 8885 d [ ] [73]		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	12,175
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	2,089
Direct deposit? See instructions.	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	76a	2,089
	b	Routing no. [redacted] ▶ c Type: [X] Checking [ ] Savings		
	d	Account no. [redacted]		
	77	Amt. of line 75 you want **applied to your 2018 estimated tax** ▶ [77]		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions) [79]		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] No
Designee's name ▶ H AND R BLOCK Phone no. ▶ 904-261-6942 Personal identification number (PIN) ▶ [redacted]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		EDUCATOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
BARBARA DUNN		04-13-2018		P00560270

Firm's name ▶ H AND R BLOCK Firm's EIN ▶ 465671978
Firm's address ▶ 1509 SADLER RD FERNANDINA BEACH FL 32034 Phone no. (904)261-6942