FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

243798

PROCESSED
FLORIDA
COMMISSION ON ETHICS
JUN 25 2019
RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:
Jackson -- Mary -- Beth

MAILING ADDRESS:
1780 Shockley Springs Road

CITY: Baker | ZIP: 32531 | COUNTY: Okaloosa

NAME OF AGENCY:
Okaloosa County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Superintendent

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, 2018 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 6, 20 19 was $ 622,286.63.

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 $ 208,400.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Schedule	$ 449,212.32

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached Schedule	$ 35,325.69

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
All included above	

(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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
Okaloosa District Schools	120 Lowery Pl, Ft Walton Bch, FL 32548	$ 140,490.65

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.

Mary Beth Jackson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Okaloosa

Sworn to (or affirmed) and subscribed before me this 21st day of July, 2019 by Mary Beth Jackson.

Leslie Barthe

(Signature of Notary Public--State of Florida)

Notary Public State of Florida
Leslie Barthe
My Commission GG 191812
Expires 04/06/2022

Leslie Barthe

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

Personally Known _____ *OR* Produced Identification X

Type of Identification Produced Driver's License

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, Jimmy L. Lundy, 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

June 19, 2019
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 ☒

Attachment to Form 6 Mary Beth Jackson
As of June 6, 2019

Part A - Net Worth:	
Assets Household Goods and Personal Effects	$ 208,400.00
Assets Individually Valued at Over $1,000	449,212.32
Liabilities	(35,325.69)
Net Worth	$ 622,286.63
Part B - Assets Household Goods and Personal Effects:	
Household Furnishings	$ 90,000.00
Jewlery	18,000.00
Lawn Equipment	20,000.00
Auto 2017 Jeep Cherokee	35,000.00
Auto 2012 Dodge Pickup	19,500.00
Boat & Equipment	5,500.00
2 Four Wheelers	3,500.00
Other clothing and personal items	6,000.00
2015 Golf Cart	5,000.00
2017 Lawn Mower	5,900.00
Total Houlehold Goods and Personal Effects	$ 208,400.00
Part B - Assets Individually Valued at Over $1,000:	
Real Estate - Home 1780 Shockley Springs Rd, Baker Fl	$ 215,000.00
Real Estate - Home 932 Gomillion Rd, Florala AL	55,000.00
Real Estate - Home 904 Gomillion Rd, Florala AL	89,250.00
Real Estate - Land 904 Gomillion Rd, Florala AL	25,000.00
Cash in Bank - Okaloosa Teachers Credit Union	15,697.45
Cash in Bank - Wells Fargo	36,303.20
Cash in Bank - Eglin Federal Credit Union	309.06
Cash in Bank - Eglin Federal Credit Union	1,514.92
Cash in Bank - CCB Community Bank	11,137.69
Total Assets Individually Valued at Over $1,000	$ 449,212.32
Part C - Liabilities in Excess of $1,000:	
Bank of America, PO Box 45224, Jacksonville, FL 28258	$ 26,905.48
PHH Mortgage, PO Box 5452, Mt Laurel, NJ 08054	4,561.64
Sheffield Financial, PO Box 580229, Charoltte, NC 28258	3,858.57
Total Liabilities in Excess of $1,000	$ 35,325.69

JIMMY L LUNDY CPA P.A.

Mary Beth Jackson
1780 Shockley Springs Road
Baker, FL 32531

Mary Beth Jackson is responsible for the accompanying Full and Public Disclosure of Financial Interest, Form 6, and related schedules and disclosures. for the year 2018, included in the accompanying prescribed form in accordance with the requirements of the State of Florida. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Mary Beth Jackson. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The financial statements included in the accompanying prescribed form is presented in accordance with the requirements of the Florida Commission on Ethics and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of Mary Beth Jackson and the Florida Commission on Ethics.

Jimmy L Lundy CPA PA

Date: June 19, 2019