FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

FOR PUBLIC USE ONLY:
COMMISSION ON ETHICS
AUG 02 2019
RECEIVED

PROCESSED

********AUTO**ALL FOR AADC 320 T1 P1 20 20
Gail Cook
School Board Member District 2
Nassau County School Board
Elected Constitutional Officer
1708 Philips Manor Rd
Fernandina, FL 32034-5338

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, 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 August 29, 2019 was $ 553,632.00.

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 $ 117,500

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1708 Philips Manor Rd Fernandina Beach FL 32034	$ 235,000
The Principal Life Insurance PO Box 10360 Des Moines IA 50306	$ 60,000
The Principal FI Agency Services 401K 1300 Riverplace Blvd Jax, FL 32207	$ 35,066
Mass Mutual 401K Raymond James Advanced Mat 1301 Riverplace Blvd Jax FL 32207	$ 56,025
Morgan Stanley Roth IRA 50 N. Laura ST Jax, FL 32202	10,038
Southern Company Stocks 30 N Laura St Jax, FL 32202	5,528
Vystar Credit Union P.O Box 4115, Jax, FL 32203 Savings Checking	4,475
Community First Credit Union 637 N Lee St, Jax, FL 32202	6,662

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE (Credit Card) PO Box 15123 Wilmington, DE 19850	$ 4293
Vystar Credit Union (mortgage) P.O Box 4115, Jacksonville, FL 32203	$ 12,366

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 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

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 S Cook

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 29th day of July, 2019 by Gail 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** **2018** OMB No. 1545-0074 IRS Use Only--Do not write or staple in this space.

Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Head of household [ ] Qualifying widow(er)

Your first name and initial	Last name	Your social security number
GAIL G	COOK	[redacted]

Your standard deduction: [ ] Someone can claim you as a dependent [X] You were born before January 2, 1954 [ ] You are blind

If joint return, spouse's first name and initial	Last name	Spouse's social security number

Spouse standard deduction: [ ] Spouse is blind [ ] Someone can claim your spouse as a dependent [ ] Spouse was born before January 2, 1954 [ ] Spouse itemizes on a separate return or you were dual-status alien

[X] Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.) [ ] You [ ] Spouse
1708 PHILIPS MANOR ROAD		
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.		If more than four dependents, see inst. and ✓ here ▶ [ ]
FERNANDINA BEACH FL 32034		

Dependents (see instructions): (1) First name Last name	(2) Social security no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

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 complete.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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		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

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
LAVINIA WILLIAMS		P00879598	465671978	3rd Party Designee
Firm's name ▶ H AND R BLOCK		Phone no. 904-261-6942		[ ] Self-employed
Firm's address ▶ 1509 SADLER RD FERNANDINA BEACH FL 32034				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

FDA **18 1040S1** BWF 1040 Form Software Copyright 1996 - 2019 HRB Tax Group, Inc.

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Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	79,474
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a 467	b Ordinary dividends	3b	467
	4a	IRAs, pensions, and annuities.	4a	b Taxable amount	4b	
	5a	Social security benefits	5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 1,814			6	81,755
Standard Deduction for- • Single or married filing separately, $12,000 • Married filing jointly or Qualifying widow(er), $24,000 • Head of household, $18,000 • If you checked any box under Standard deduction, see instructions.	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7	81,755
	8	**Standard deduction or itemized deductions** (from Schedule A)			8	19,015
	9	Qualified business income deduction (see instructions)			9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	62,740
	11	**a** Tax (see instr.) 9,710 (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐)				
		b Add any amount from Schedule 2 and check here ▶ ☐			11	9,710
	12	**a** Child tax credit/credit for other dependents				
		b Add any amount from Schedule 3 and check here ▶ ☐			12	
	13	Subtract line 12 from line 11. If zero or less, enter -0-			13	9,710
	14	Other taxes. Attach Schedule 4			14	
	15	Total tax. Add lines 13 and 14			15	9,710
	16	Federal income tax withheld from Forms W-2 and 1099 FORM 1099			16	10,465
	17	Refundable credits: **a** EIC (see inst.) **b** Sch. 8812 **c** Form 8863				
		Add any amount from Schedule 5			17	
	18	Add lines 16 and 17. These are your total payments			18	10,465
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**			19	755
	20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			20a	755
Direct deposit? See instructions.	▶ b	Routing number [redacted] **c** Type: ☒ Checking ☐ Savings				
	▶ d	Account number [redacted]				
	21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶	21			
Amount You Owe	22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶			22	
	23	Estimated tax penalty (see instructions) ▶	23			

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2018)

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