FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

FOR OFFICE USE ONLY:

Received
6/08/2020
PROCESSED

Nassau County School Board-Elected Constitutional Officer

********AUTO**ALL FOR AADC 320 T1 P1 22 22

GAIL COOK, SCHOOL BOARD MEMBER DISTRICT 2
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, 2019 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 8, 2020 was $ 568,843.00.

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 $ 119,000

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	$ 238,000
Morgan Stanley Roth IRA 50 N. Laura St. Jacksonville FL 32207	$ 17,500
Southern Company stock 50 N Laura ST Jacksonville FL 32207	$ 5,207
Mass Mutual York Pensunier 1301 River Place Blvd Jax FL 32207	$ 58,250
The Prime Rate (York) 1301 Riverplace BLVD Jax, FL 32207	$ 125,000
Vystar Credit Union PO Box 4115 Jax FL 32203	$ 4,460
Community First Credit Union 1037 Lee St, Jax FL 32207	$ 11,171

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Vystar Credit Union (mortgage) P.O Box 4115 Jacksonville, FL 32203	$ 6,540.00
CHASE (Credit Card) P.O Box 15123 Wilmington DE 19850	3,705.00

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

NASSAU CO. ELECTIONS
JUN 8 2020 AM10:27

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 G Cook

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Nassau

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 8 day of June, 2020 by Gail G. Cook.

Maria Pearson
(Signature of Notary Public--State of Florida)

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

Personally Known ✓ OR Produced Identification

Type of Identification Produced

I MARIA PEARSON
Notary Public - State of Florida
Commission # GG 075577
My Comm. Expires Jun 17, 2021
Bonded through National Notary Assn.

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-SR** Department of the Treasury--Internal Revenue Service (99) **U.S. Tax Return for Seniors** **2019** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box. [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial	Last name	Your social security number
GAIL G	COOK	[redacted]
if joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1708 PHILIPS MANOR ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
FERNANDINA BEACH FL 32034

Foreign country name | Foreign province/state/county | Foreign postal code

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

If more than four dependents, see inst. and ✓ here ▶ [ ]

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1955 [ ] Are blind
Spouse: [ ] Was born before January 2, 1955 [ ] Is blind

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
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

Attach Schedule B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	80,925
2a	Tax-exempt interest	2a	b Taxable interest	2b	27
3a	Qualified dividends	3a 492	b Ordinary dividends	3b	492
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			6	
7a	Other income from Schedule 1, line 9			7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶			7b	81,444
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶			8b	81,444
9	**Standard deduction or itemized deductions** (from Schedule A)	9 16,046			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a	Add lines 9 and 10			11a	16,046
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-			11b	65,398

Standard Deduction See Standard Deduction Chart below.

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction ▶ 1

Standard Deduction Chart*

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...	IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	1	25,700	Married filing separately	1	13,500
	2	27,000		2	14,800
	3	28,300		3	16,100
	4	29,600		4	17,400

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc.

NASSAU CO. ELECTIONS
JUN 8 2020 AM10:27

[redacted]

	12a	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____	12a	10,216
	b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	10,216
	13a	Child tax credit or credit for other dependents	13a	
	b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	
	14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,216
	15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
	16	Add lines 14 and 15. This is your **total tax** ▶	16	10,216
	17	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	17	11,611
• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.	18	Other payments and refundable credits:		
	a	Earned income credit (EIC) 18a		
	b	Additional child tax credit. Attach Schedule 8812 18b		
	c	American opportunity credit from Form 8863, line 8 18c		
	d	Schedule 3, line 14 18d		
	e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶	18e	
	19	Add lines 17 and 18e. These are **your total payments** ▶	19	11,611
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**	20	1,395
	21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	21a	1,395
Direct deposit? ▶ See instructions. ▶	b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings		
	d	Account number [redacted]		
	22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶ 22		
Amount You Owe	23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	
	24	Estimated tax penalty (see instructions) ▶ 24		

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☒ **Yes.** Complete below. ☐ **No**

(Other than paid preparer) 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation EDUCATOR	If the IRS sent you an Identity Protection PIN, **enter it here** (see inst.)
Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 904-583-1415	Email address		

Paid Preparer Use Only

Preparer's name JOHN KREBS	Preparer's signature	Date 05-30-2020	PTIN P02181803	Check if: ☐ 3rd Party Designee ☐ Self-employed
Firm's name ▶ H AND R BLOCK			Phone no. 904-261-6942	
Firm's address ▶ 1509 SADLER RD FERNANDINA BEACH FL 32034			Firm's EIN ▶ 465671978	

Go to www.irs.gov/Form1040SR for instructions and the latest information. Form **1040-SR** (2019)

 Form Software Copyright 1996 – 2020 HRB Tax Group, Inc.

[redacted]

NASSAU CO. ELECTIONS
JUN 8 2020 AM10:27