FORM6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:

PROCESSED

65896

LAST NAME - FIRST NAME - MIDDLE NAME:
Cummings Carolyn Davis

MAILING ADDRESS:
5005 Touraine Drive

CITY: Tallahassee ZIP: 32308 COUNTY: Leon

NAME OF AGENCY:
Leon County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Leon County Commission at Large Seat 1

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 December 31, , 2019 was $829, 380

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 $ 160,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required see instructions	VALUE OF ASSET
5005 Touraine Drive, Tallahassee, Florida 32308	$410,000.00
1595 Lonnie Road, Tallahassee, Florida 32308	$96,589
462 W. Brevard Street, Tallahassee, Florida 32301	$89,000 (50%)
168 Bryant Road, Brooklyn, MS 39425 (home)	$40,000
168 Bryant Road, Brooklyn, MS 39425 (17 acres vacant land)	$55,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BB&T, P.O. Box 580092, Charlotte, NC 28258-0092	$74, 800
~~First Commerce Credit Union, P.O. Box 6416, Tallahassee, Florida 32314~~	~~$18, 616~~
Total	$93,416

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR NONE	AMOUNT OF LIABILITY
None	

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.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Carolyn Cummings, P.A.	462 W. Brevard Street, Tall., FL 32301	$89,500
Tallahassee Housing Authority	2940 Grady Road, Tallahassee, Florida	$12,444

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
Carolyn Cummings, P.A.	Leon County Schools	2757 W. Pensacola, Tall., FL	Legal Services

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.

Carolyn Cummings
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 4th day of June 2020 by

(Signature of Notary Public--State of Florida)

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

Personally Known ☐ Produced Identification

Type of Identification Produced

MARILYN STEVENS
MY COMMISSION # GG 022529
EXPIRES: September 3, 2021
Bonded Thru Notary Public Underwriters

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 ☐

ADDENDUM

PART B –ASSETS CONTINUED

Description of Asset	Value of Asset
Household equipment, furnishings, clothing, jewelry and personal vehicle	$100,000
Wells Fargo Bank, N.A., 1201 N. Monroe Street, Tallahassee, Florida	$45,000
Florida State University Credit Union	$3,555
Phoenix Annuity, IRA, P.O. Box 8027, Boston, MA 02266-8027	$8,000
Talcott Resolution, 1 Griffin Road North, Windsor, CT	$7,564
Ameriprise IRA, 753 Ameriprise Financial Center, Minneapolis, MN	$8, 088
Total	$922,796

PART D-INCOME

NAME OF SOURCE OF INCOME	ADDRESS OF SOURCE	AMOUNT
Department of Financial Services	P.O. Box 9000, Tallahassee, FL 32315	$9,531
Social Security Administration	1200 Rev. Abraham Woods, Jr., Blvd. Birmingham, AL 35285	$26,073