FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS
JUL 02 2021
RECEIVED

********AUTO**ALL FOR AADC 320 T1 P1 20 20

MS 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, 2020 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 30, 20 21 was $ 566,701.00.

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 $ 120,500

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	Home	$241,000.00
Morgan Stanley 50 N. Laura St. Jacksonville, FL 32207	Roth IRA	$20,605.00
Southern Company Stock 50 N Laura St Jacksonville, FL 32207	Stock	$6,216.00
Mass Mutual Riverplace 1301 Riverplace Blvd Jacksonville, FL 32207	401K	$63,627.00
The Principal 1300 Riverplace Jacksonville FL 32207	401K	$101,725.00
Kystar Credit Union P.O. Box 4115 Jacksonville FL 32203		$9,747.00
Community First Credit Union 637 Lee St Jax 32207		$9,499.00

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) P.O. Box 15123 Wilmington DE 19850	$3,313.00
Green Sky (credit card) P.O. Box 29429 Atlanta, GA 30359	$2,905.00

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ **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.

David 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 30th day of June, 20 21 by GAIL G. COOK.

Laurie Ann Robert
(Signature of Notary Public--State of Florida)

LAURIE ANN ROBERT
MY COMMISSION # HH 045436
EXPIRES: September 22, 2024
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-SR** Department of the Treasury—Internal Revenue Service (99) **U.S. Tax Return for Seniors** | **2020** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☒ 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 your 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.	Presidential Election Campaign
1708 Philips Manor Rd		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
City, town, or post office. If you have a foreign address, also complete spaces below. State: FL ZIP code: 320345338		
Fernandina Beach		
Foreign country name / Foreign province/state/county / Foreign postal code		

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ▶ ☐ Yes ☒ No

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: ☒ Were born before January 2, 1956 ☐ Are blind
Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐			☐	☐
			☐	☐
			☐	☐
			☐	☐

Attach Schedule B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	83,144.
2a	Tax-exempt interest	2a		b Taxable interest	2b	25.
3a	Qualified dividends	3a	507.	b Ordinary dividends	3b	507.
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				7	
8	Other income from Schedule 1, line 9				8	1,247.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	84,923.
10	Adjustments to income:					
a	From Schedule 1, line 22	10a				
b	Charitable contributions if you take the standard deduction. See instructions	10b				
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶				10c	
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶				11	84,923.

Standard Deduction See *Standard Deduction Chart* on the last page of this form.

12	**Standard deduction or itemized deductions** (from Schedule A)		12	14,755.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
14	Add lines 12 and 13		14	14,755.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-		15	70,168.
16	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____		16	11,195.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	11,195.
19	Child tax credit or credit for other dependents		19	
20	Amount from Schedule 3, line 7		20	
21	Add lines 19 and 20		21	
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	11,195.
23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	0.
24	Add lines 22 and 23. This is your **total tax** ▶		24	11,195.
25	Federal income tax withheld from:			
a	Form(s) W-2	25a 11,877.		
b	Form(s) 1099	25b 61.		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	11,938.
26	2020 estimated tax payments and amount applied from 2019 return		26	
27	Earned income credit (EIC)	27		
28	Additional child tax credit. Attach Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 13	31		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶		32	
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		33	11,938.

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 34 743.

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ▶ ☐ 35a 743.

Direct deposit? See instructions.

▶ **b** Routing number [redacted] ▶ **c** Type: ☒ Checking ☐ Savings

▶ **d** Account number [redacted]

36 Amount of line 34 you want **applied to your 2021 estimated tax** . . . . . ▶ 36

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe now** . . . ▶ 37

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

For details on how to pay, see instructions.

38 Estimated tax penalty (see instructions) . . . . . ▶ 38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Education Liaison	
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.	Email address		

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ▶ Self-Prepared				Phone no.
Firm's address ▶				Firm's EIN ▶