FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Lanier, Stephen Norman

MAILING ADDRESS:
126 Hickory Dip Road

CITY: Eastpoint | ZIP: 32328 | COUNTY: Franklin

NAME OF AGENCY:
Franklin County School District

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Superintendent

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS
AUG 08 2022
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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 July 1, 20 22 was $ $1,804,937.

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 $ $2,363,500

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House at 126 Hickory Dip Road, Eastpoint, FL 32328	$350,000
House at 120 Sweetwater Shores Drive, Port St. Joe, FL 32456	$1,600,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
House at 126 Hickory Dip: NewRez, P. O Box 619063, Dallas, TX 75261	$207,000
House at 120 Sweetwater Shores: PHH Mortgage, P. O. Box 5452, Mt. Laurel, NJ 08054	$351,563

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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
Franklin County Schools	85 School Road, Eastpoint, FL 32328	$108,000
Navy Retirement, Defense Finance & Acct	8899 E. 56th Street, Indianapolis, IN	52,000

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
Rental Home	Short Term Rental	120 Sweetwater Shores,	Vacation Rental
		Port St. Joe, FL 32456	

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Rental House		
ADDRESS OF BUSINESS ENTITY	120 Sweetwater Shores		
PRINCIPAL BUSINESS ACTIVITY	Vacation Rental		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100%		

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.

Stephen N. Lanier
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Franklin

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 5th day of July, 2022 by Stephen N. Lanier.

Patricia S. Ward
(Signature of Notary Public--State of Florida)

Patricia S. Ward
(Print, Type, or Stamp Commissioned Name of Notary Public)

PATRICIA S. WARD
Commission # HH 165426
Expires August 16, 2025
Bonded Thru Troy Fain Insurance 800

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced N/A

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 ☑

Part D – Income

Primary Sources of Income, Continued from Page 2

NAME OF SOURCE OF INCOME EXCEEDING $1,000: Veterans Disability
ADDRESS OF SOURCE OF INCOME: 1800 G. Street, NW Washington, DC 20006
AMOUNT: $19,920

Secondary Sources of Income, Continued from Page 2

Source: Rental House
Address: 120 Sweetwater Shores Drive, Port St. Joe, FL 32456
Amount: $100,000