

FORM 6

FULL AND PUBLIC DISCLOSURE

OF FINANCIAL INTEREST

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Gunnoe Debra Ann

MAILING ADDRESS:

2143 Chatsworth Drive

CITY:

Navarre

ZIP:

32566

COUNTY:

Santa Rosa

NAME OF AGENCY:

Santa Rosa County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board, District 3

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, 2013, 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 May 31, 2014 was \$ 292,500

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.

The aggregate value of my household goods and personal effects (described above) is \$ 81,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2143 Chatsworth Drive, Navarre, FL 32566 (residence)	204,000
2039 McKinley Avenue, Montgomery AL 36107 (rental)	68,000
11995 E 975 N, Odon IN 47562 (parents' home/indeed)	33,300
Holiday Village (lot), Santa Clause IN 47579 (parents'/indeed)	4,000
IRAs (USAA)	41,829

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Home Mortgage, PO Box 660278, Dallas TX 75266	65,637
M&T Bank, PO Box 619063, Dallas TX 76261	107,333

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
none	

FORM 6

FULL AND PUBLIC DISCLOSURE

2013

OF FINANCIAL INTEREST

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

PERSON OF ELECTIONS
MILTON FL 3170-4592
FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Gunnoe Debra Ann

2014 JUN 17 PM 1 06

MAILING ADDRESS:

2143 Chatsworth Drive

CITY:

Nauvare

ZIP:

32566

COUNTY:

Santa Rosa

NAME OF AGENCY:

Santa Rosa County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board, District 3

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, 2013, 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 _____, 20__ was \$ _____

PART B -- ASSETS - continued

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.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Bank Accounts (USAA, Coastal Bank & Trust,
Crane FCU - parents' jt, 1st National Bank - parents' jt)

67,600

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$100,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

SUPERVISOR OF ELECTIONS
 6495 CAROLINE ST., STE. F
 MILTON, FL 32708-4552
 2014 JUN 17 PM 1 06

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
USAF Retirement Pay	DFAS, PO Box 7130, London KY 40742	72,804
US VA Disability Benefits	US Treasury (VA)	10,814
Tenant	2039 McKinley Ave., Montgomery AL 36107	4,800

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
none			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	none		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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.

STATE OF FLORIDA
 COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 17th day of

June, 20 14 by Debra Gunnoe

Michelle Peeterse
 (Signature of Notary Public--State of Florida)

MICHELLE R PEETERSE
 Notary Public
 State of Florida

Comm # FF044580 OR Produced Identification

Expires 8/11/2017 DL
 Type of Identification Produced

Debra Gunnoe
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.