

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

OF FINANCIAL INTEREST

SUPERVISOR OF ELECTIONS

6400 WINDLINE ST.

STATE

FOR OFFICE USE ONLY:

MILTON, FL 32570-4592

LAST NAME — FIRST NAME — MIDDLE NAME:
Taylor-James-Russell

2014 JUN 17 AM 9 09

MAILING ADDRESS:
7640 Key West Drive

CITY: ZIP: COUNTY:
Navarre Beach 32566 Santa Rosa

NAME OF AGENCY:
Santa Rosa County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Santa Rosa County 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 December 31st, 20 12 was \$ 314,029

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 \$ 94,300

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
7640 Key West Drive Navarre Florida, 32566	\$395,000
57 Locust Path Court White Marsh Maryland, 21236	\$150,000
Regions Bank Navarre Office 8234 Navarre Pkwy Navarre, FL 32566	\$29,719
T. Rowe Price Funds P.O. Box 17302 Baltimore, Md. 21297-1302	\$19,714

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PNC Mortgage BG-YM07-01-7 P.O. Box 1820 DAYTON, OHIO 45401-1820	\$197,919
Regions Bank Navarre Office 8234 Navarre Pkwy. Navarre, FL 32566	\$93,479
B.B.+T. BB+T Mortgage Payment Center PO Box 580002 Charlotte, NC. 28258-0022	\$83,314

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 \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

SUPERVISOR OF ELECTIONS
6405 CAROLINE ST., STE. F
MILTON, FL 32570-4592

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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State Retirement and Pension System of Md.	120 East Baltimore t. Balto., Md. 21202-1600	\$28,382
Social Security Administration	300 Spring Garden St. Philadelphia, Pa. 19123	\$20,243
Lincoln Financial Group	PO Box 2340 Fort Wayne In. 46801-2340	\$5,993

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			

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 Jim Taylor
Michelle R. Peeterse
(Signature of Notary Public--State of Florida)

MICHELLE R PEETERSE
NOTARY PUBLIC
(Print type or Stamp Commissioned Name of Notary Public)
STATE OF FLORIDA
-Personal Knowledge OR Produced Identification
Comm# **FF044580** Expires **8/11/2017**
Type of Identification Produced FL DL

Jim Taylor
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.