

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

**OF FINANCIAL INTEREST**

**SUPERVISOR OF ELECTIONS  
FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Peden, Scott Thomas

MAILING ADDRESS:  
3156 Pins Lane

CITY: ZIP: COUNTY:  
Gulf Breeze 32563 Santa Rosa

NAME OF AGENCY :  
Santa Rosa County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Board Member - District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

6495 CAROLINA  
MILTON, FL 32570-4592

2014 JUN 16 PM 12 00

**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, 20 14 was \$ 109,729.

**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 \$ 93,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Accounts - Gulf Winds FCU	\$17,280

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

LIBERTY STATE REALTY  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592  
2014 JUN 16 PM 12 00

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
Communications Unlimited Marketing, Inc.	235 River Park N, Woodstock, GA 30188	\$156,850
Santa Rosa County School District	5086 Canal St, Milton, FL 32570	\$32,079

**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**

STATE OF FLORIDA  
COUNTY OF Santa Rosa

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, and complete.

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of

June 20 14 by \_\_\_\_\_



**MICHELLE R PEETERSE**  
**NOTARY PUBLIC** (Signature of Notary Public—State of Florida)  
**STATE OF FLORIDA**  
Comm# FF044580  
Expires 8/11/2017

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

Personally Known \_\_\_\_\_ OR Produced Identification

\_\_\_\_\_  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL ID

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.**