

## FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTEREST

2013

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

CALLENDER - LYNNETTE

MAILING ADDRESS:

21 CEDARVIEW COURT

CITY:

PALM COAST

ZIP:

32137

COUNTY:

FLAGLER

NAME OF AGENCY:

FLAGLER COUNTY SCHOOL BOARD, DIST. 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FLAGLER COUNTY SCHOOL BOARD, DIST. 2

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 31, 20 13 was \$ 35,000.00

## 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.

The aggregate value of my household goods and personal effects (described above) is \$ 5,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence Address: 21 Cedarview Court, Palm Coast, Florida 32137	\$246,079.00
Personal Vehicle: 2012 Toyota Camry	\$18,500.00

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NONE

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NONE

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.

- ☐ 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 of Florida Misc. Income	200 E. Gaines St., Tallahassee, Florida 32399-0354	\$ 5,705.00
SSA - 1099	SOCIAL SECURITY ADMINISTRATION	\$13,760.00
Lynnette J. Callender, P.A.	PMB:138 Palm Coast Pkwy, Palm Coast, FL 32137	\$16,019.00

## **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
Lynnette J. Callender, P. A.	Legal Services	PMB:138 PALM COAST PKWY., NE PALM COAST, FL 32137	Legal Services

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Lynnette J. Callender, P. A.		
ADDRESS OF BUSINESS ENTITY	PMB:138 Palm Coast Pkwy., NE,		
PRINCIPAL BUSINESS ACTIVITY	Legal Service		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	As 100% ownership interest.		
NATURE OF MY OWNERSHIP INTEREST	Officer		

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 Flagler

Sworn to (or affirmed) and subscribed before me this 19th day of

June 2014 by Lynnette J. Callender

(Signature of Notary Public--State of Florida)

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

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

Type of Identification Produced Florida Drivers License



**HEATHER M. DAVENPORT**  
Notary Public, State of Florida  
Commission# FF 110056  
My comm. expires Apr. 06, 2018

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.**