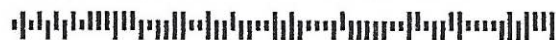


## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

\*\*\*\*\*AUTO\*\*ALL FOR AADC 328 T5 P1 20 657

Janet McDonald  
 School Board Member  
 Flagler County, School District Of  
 Elected Constitutional Officer  
 PO Box 1232  
 Flagler Beach, FL 32136-1232



COPY

RECEIVED  
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 FLAGLER COUNTY  
 SUPERVISOR OF ELECTIONS

ID Code



ID No. 35462

Conf. Code

McDonald, Janet

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, 2017 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 17 was \$ 1,607,000.00

## 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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 50,000.00

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

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

VALUE OF ASSET

5 Twisted Oak Place, Palm Coast 32137 Lakeshore \$250,000.00

Palm Coast lots 31-33 Pickshire 44 Seder Home 4 Scafering \$70,000.00  
 26 E Ludlow Slipper Trail 66 Prince Michael half share

Northway Ct 4 Baker Rd \$1,500,000.00  
 119 Williams Bridge; Sherman Ct 5 Upland Pasture half share

IRA: Wells Fargo, TD North accounts; Vuster account \$145,000.00

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CitiBank P.O. Box 6243 Sioux Falls, SD 57117 208,000.00

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NA - NONE



**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2017 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
Flagler County School District	1769 E. Moody Blvd. Bunnell FL 32110	\$32,000.00
Ft. Webster	1054 East 32nd St. Brooklyn NY	9,841.00
American Enterprise Investment Services	10 Ameriprise Financial Center, Minneapolis MN 55424	1,681.86

**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
NA - NONE			

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

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

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ 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.

STATE OF FLORIDA  
COUNTY OF

FLAGLER

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

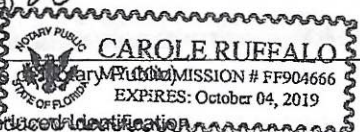
JUNE, 20 18 by

Carole Ruffalo

(Signature of Notary Public--State of Florida)

CAROLE RUFFALO

(Print, Type, or Stamp Commissioned Name)



Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced

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.

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