

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

OF FINANCIAL INTEREST

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

McELROY Michael J

MAILING ADDRESS:

839 Westlake Drive

CITY: ZIP: COUNTY:

ORMOND Beach 32174 FLAGLER

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FLAGLER COUNTY School Board DIST 4

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
FLAGLER COUNTY
SUPERVISOR OF ELECTIONS
JUN JUN 16 P 13 03

COPY

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 June 15, 2014 was \$ 423,590

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 \$ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 839 Westlake Drive ORMOND Beach, 32174	\$ 313,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Volkswagen Credit P.O. Box 5215 (Ard Street) FL 60197	4,200
U.S. Bank 1850 OSBORN AVE. Oskosh, WI. 54592	11,661
G.E. CAPITAL RETAIL BANK P.O. Box 965033, ORLANDO FL 32809	9,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLAGLER COUNTY Real Property Taxes	5,000

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
NYS PF RETIREMENT SYSTEMS	110 STATE ST ALBANY NY	77,340
Village of Ossining	122 9th - 0001 16 Center Ave, Ossining NY	14,711
SOC SECURITY		12,000

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 SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

COPY

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	WA		
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 FLAGLER

Sworn to (or affirmed) and subscribed before me this 16TH day of June, 2014 by MICHAEL McEROY
Raymond A. Stevens
 (Signature of Notary Public--State of Florida)

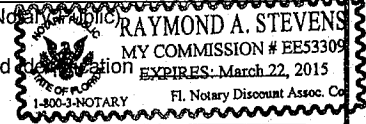
RAYMOND A STEVENS

(Print, Type, or Stamp Commissioned Name of Notary Public) **RAYMOND A. STEVENS**

Personally Known OR Produced by other means MY COMMISSION # EE53309 expires: March 22, 2015

Type of Identification Produced _____

Michael McEroy
 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.