

FOR OFFICE USE ONLY:

Trevor Tucker  
School Board Member  
School District Of Flagler County  
Elected Constitutional Officer  
115 County Road 125  
Bunnell FL 32110-8705

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ID No.

228007

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Tucker, Trevor

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, 2013 was \$ 614,536.84

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 \$ 30,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Flagler Westside Development Stock 75% PO Box 2289, Bunnell, FL 32110	\$20700.00
House and 5 Acres 115 CR 125 Bunnell, FL 32110	\$260260.00
House and Lot 2032 Lakeview Pr. Seville, FL 32190	\$77463.00
Sun Country Pest Control Stock 33% PO Box 1818, Bunnell, FL 32110	\$300000.00
Bank of America Checking Account	\$4427.92

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Mortgage 3415 Vision Pr. Columbus, OH 43224	\$81589.93
Ally Financial Car Loan PO Box 380901, Bloomington, MN 55436	\$16995.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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
Sun Country Pest Control	PO Box 1818, Bunnell, FL 32110	61210.00
Flagler County School Board	PO Box 755, Bunnell, FL 32110	30770.42

**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	NA	COP	
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 Flagler

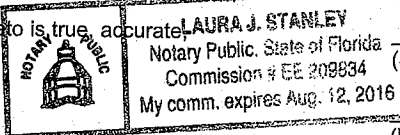
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation

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

and say that the information disclosed on this form

June, 2014 by Trevor Tucker

and any attachments hereto is true, accurate and complete.



Laura J Stanley  
 (Signature of Notary Public--State of Florida)

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

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced FDX

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, [Signature], 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.**

Part B Assets

Trust Fund NBT Bank Donald Padgett Trust

\$ 28750.00

Roth IRA Morgan Stanley

\$ 12214.85

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