

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2011

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

LAST NAME — FIRST NAME — MIDDLE NAME:  
**LAURY DEBORAH BOWDEN**

MAILING ADDRESS:  
**55 N WATERVIEW DR**

CITY: **PALM COAST** ZIP: **32137** COUNTY: **FLAGLER**

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**FLAGLER COUNTY SCHOOL BOARD DISTRICT 3**

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY

ID Code  
 ID No.  
 Conf. Code  
 P. Req. Code

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 SUPERVISOR OF ELECTIONS  
 2012 JUN - 4 P 12:11  
 2011 PDF Form 5

## PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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, 2011 was \$ 739,829

## 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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
RESIDENCE (S) 55 N WATERVIEW DR PALM COAST FL	450,000
IRA USAA FINANCIAL SERVICES SAN ANTONIO TX	401,993
INVESTMENT ACCOUNT (T) USAA FINANCIAL SERVICES SAN ANTONIO TX	239,259

## PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNTRUST MORTGAGE P.O. BOX 79041 BALTIMORE MD	381,423

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

**COPY**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, or 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 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 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
INTEREST	USAA INVESTMENT A/C SAN ANTONIO TX	3047
TRUST w/ BERTHA Shehan	GERALYN SHIFFLER TRUSTEE 300 PEARL ST BUFFALO NY	5024
SOCIAL SECURITY		11,718
TIAA CREF Retirement	8500 ANDREW CARNEGIE BLVD CHARLOTTE NC	1330

**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
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 5)**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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			

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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 and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 31 day of May, 2012 by Deborah B Laury



**ANNA MARIE ROBISON**  
 Notary Public - State of Florida  
 My Comm. Expires August 2014  
 Commission # DD 946256

*[Signature]*

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

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

Type of Identification Produced FL Driver License

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.