

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED
FLAGLER COUNTY
SUPERVISOR OF ELECTIONS
2018 JUN 22 A 11:47

COPY

LAST NAME — FIRST NAME — MIDDLE NAME:

Gentile - Youd, Jane

MAILING ADDRESS:

3 Magnolia Drive North

Plantation Bay FLAGLER

CITY

ORMOND BEACH, 32174 FLAGLER

NAME OF AGENCY:

FLAGLER COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FLAGLER COUNTY COMM. DIST # 4

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 June 15 2018 was \$ 698,740.00

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 \$ 45,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Certificate of deposit disclosure	\$65,500.00
PRIMARY RESIDENCE OWN HOME	\$625,000
Jewelry over \$1,000	12,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA, PO BOX 26249, TAMPA, FL	\$48,760.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

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Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, JANE GENTILE - YOUNG

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names) No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of FLAGLER COUNTY COMMISSIONER 4

(Office) (District #) (Circuit #)

I am a qualified elector of FLAGLER County, Florida; I am qualified (Group or Seat #)

under the Constitution and the laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the _____ Party. I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card), 104171503

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form); (Not applicable to write-in candidates.)

X Jane Young (386) 586-5263 VOTE 4 JANE ADLCO
Signature of Candidate Telephone Number Email Address
13 Magnolia Dr. North, Orlando Beach FLA 32174-9249
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Flagler

Heather M. Davenport
Signature of Notary Public
Print Name or Stamp Commissioner Name of Notary Public on file

Sworn to (or affirmed) and subscribed before me this 22nd day of June 2018

Personally Known _____ or Produced Identification:
Type of Identification Produced: Florida Drivers License



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 W-2s, 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 failed to file a copy of my 2017 federal income tax return and all W-2s, 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.]

COPY

PRIMARY SOURCES OF INCOME (See instructions on page 5)

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SOCIAL SECURITY ADMINISTRATION - SSA		\$ 9,696.00
DISCOVER	502 EAST MKT ST, GREENWOOD, DEL.	\$ 2,381.14

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	JANE YOUNG REALTY LLC		
ADDRESS OF BUSINESS ENTITY	356 NOLAN DR. N. ORLANDO BEACH, FL		
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE		
POSITION HELD WITH ENTITY	DESIGNATED BROKER, REALTOR		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	100%		

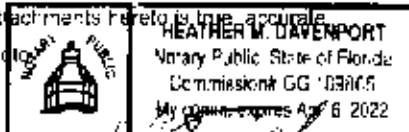
PART F - TRAINING

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 22nd day of

June, 2018 by Jane Young

Heather M. Davenport
 (Signature of Notary Public, State of Florida)

Heather M. Davenport
 (Print, Type, or Stamp Commissioner of Name of Notary Public)

Personally Known OR Production of Identification

Type of Identification Produced: Florida Drivers License

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 this 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