

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME

DICKINSON SUSAN CATHERINE

MAILING ADDRESS

7 BLAKEFIELD CT

PAUM COAST 32137 FLAGLER

CITY

ZIP

COUNTY

NAME OF AGENCY

NAME OF OFFICE OR POSITION HELD OR SOUGHT

Flagler Co. School Board District 6

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

COMMISSION ON ETHICS

DATE RECEIVED

JUN 14 2012

ID Code

ID No

Conf Code

P Req Code

PROCESSED

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 JUNE 6, 2012 was \$ 125,000

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 \$

\$24,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

MARKET SECURITIES

108,000

CASH

1,000

VEHICLE

6,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

REGIONS BANK 2224 BIRMINGHAM AL

4,200

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 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 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
FLAGLER Schools	Po. Box 755 Bunnell FL	25,710.71
CVS	1 CVS DC WOODS CREEK RD	11,117.40
MAXIM HEALTH CARE	7227 Lee DeForest Dr MD	3,550.44

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 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SCD ENTERPRISES		
ADDRESS OF BUSINESS ENTITY	10 FL. PK. DR. N. STE D		
PRINCIPAL BUSINESS ACTIVITY	LEASE		
POSITION HELD WITH ENTITY	PARTNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
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

Susan Dickinson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me this 6th day of

June, 20 12 by Susan Dickinson

Cathy Sokol
(Signature of Notary Public--State of Florida)

Cathy Sokol
Commission #EE 124610
(Print, Type, or Stamp Commissioned Name of Notary Public) Expiration Date: November 8th, 2015

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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.