FORM 6 FULL AND PUBLIC DISCL	OSURE OF	2011			
Please print or type your name, mailing address, agency name, and position below:		FORESTA ON ETHICS			
LAST NAME — FIRST NAME — MIDDLE NAME DICKINSON SUSAN CATHERINE	FOR OFFICE USE ONLY:	TATE RECEIVED			
MAILING ADDRESS 7 BLAKEFIED CT	12.0-4	JUN 1 4 20121			
PAIM COAST 30137 FLAGUER	ID Code	0.0			
CITY ZIP COUNTY	1D No 3	37782			
NAME OF AGENCY	Conf Code				
Plagler Co. School Board District:	PROCE:	CCEN			
CHECK IF THIS IS A FILING BY A CANDIDATE		BOED			
PART A NET WORTH					
Please enter the value of your net worth as of December 31, 2011, or a more current date [Note liabilities from your <i>reported</i> assets, so please see the instructions on page 3]	Net worth is not calculated by	y subtracting your reported			
My net worth as of TUNE 6, 20/2 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 \$	124,000				
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions		I VALUE OF ASSET			
MARKET SCOURITIES	page .,	108,000			
CasH		1,000			
Vehclé		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 2004 BIRMING HAM	AL	4,200			
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:					
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY			

ment identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder	PART D INCOME							
PART E - INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5] BUSINESS ENTITY SUBJECT SUBJEC	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							
ADDRESS OF SURCE OF INCOME EXCEEDING \$1,000 FCACLE R Schools CVS L Wooksocct R 11, 17.40 AXIM HEACH CACE 70.07 Lee Dyfacst R 11, 17.40 SECONDARY SOURCES OF INCOME (Major customers, cleents, etc., of businesses owned by reporting person-see instructions on page 5] NAME OF NAME OF NAME OF NAME OF NAME OF SOURCE OF SOURCE OF SOURCE	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.]							
SECONDARY SOURCES OF INCOME [Major customers, clents, etc., of businesses owned by reporting person-see instructions on page 5] NAME OF NAME OF NAME OF NAME OF MAJOR SOURCES OF BUSINESS INCOME PART E - INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5] BUSINESS ENTITY #1 BUSINESS ENTITY #2 BUSINESS ENTITY #3 BUSINESS ENTITY #3 BUSINESS ENTITY #2 BUSINESS ENTITY #3 BU	PRIMARY SOURCES OF INCOME (See instructions on page NAME OF SOURCE OF INCOME EXCEEDING \$1,000	e 5):	ADDRESS OF	SOURCE OF INC	COME	AMOUNT		
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(Signature of Notary Public-State of Florida) Cathy Sokol Commission #EE 124610 (Print, Type, or Stamp Commission #Remained Processing Sth., 2015 Personally Known OR Produced Identification	and say that the information disclosed on this form		Sune 20 12 by Susan Dickinson					
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SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Personally Known OR Produced Identification	ρ	Date November 9th 2015						
Type of Identification Produced	SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE	<u> </u>						
		Ту	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.