

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Ruthven Brenda Lee

MAILING ADDRESS:

209 South Cove Lane

Panama City 32401 Bay

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Bay District Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board - District 2

CHECK IF THIS IS A FILING BY A CANDIDATE [X]



PART A - NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 May, 2020 was \$ 1,045,844

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 \$

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

see attached

PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY

see attached

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY

see attached

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**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 2019 federal income tax return, including all W2s, 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 elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 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
see attached		

**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
see attached			

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

	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			

**PART F - TRAINING**

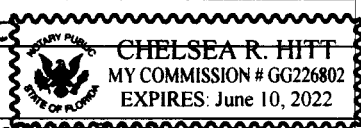
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 Bay  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 26<sup>th</sup> day of

May, 2020 by Brenda Ruthven  
Chelsea R. Hitt  
 (Signature of Notary Public--State of Florida)  
  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Brenda Ruthven  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced DL, FL

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 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.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

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May 2020

Personal Property 250,000 (1/2)

Assets:

Home: - 2095 Cove Lane, PC	500,000
Lot: Juniper Lake Rd., DeFuniak Spgs.	10,000
2014 Allegra Motorhome	110,000
2005 35' Pursuit	100,000
2010 Jeep Wrangler	30,000
2002 17' Mako	15,000
2018 Lincoln Navigator	95,000

Pershing - IRA 211,866.96

Bank Accts:

PEFCU	Savings	1034
	Checking	20,677
First Florida	Savings	254
	Checking	3894
Ameris	Savings	11,596
	Checking	2284
Campaign	Savings	5.00
	Checking	1670

Income: State of FL	monthly	2425
Soc. Sec.	"	1395

## Liabilities:

House - Wells Fargo	85,000
Motorhome - Alliant CU	93,707
Pursuit (Boat) PEFCU	76,901
Vehicle - Navigator - Wells Fargo Auto	62,973