

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Bullock, Shirley (Tina) Givens

MAILING ADDRESS:

PO Box 1093

CITY :

ZIP :

COUNTY :

Keystone Hts. 32656 Clay

NAME OF AGENCY :

Clay County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Clay County School Board Member District 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

Rec'd 2022 JUN 14 AM 10:26

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 31, 2022, 20 22 was \$ 710,114.41.

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 \$ 138,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Home and adjacent Property 6036 Hunter Road Keystone Heights Fl 32656	\$375,000
See Attached List	\$200,817

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
2019 Chevrolet Equinox Community First Credit Union 2004 East/West Parkway Fleming Island Fl 32003	\$3702.59

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.

[If you check this box and attach a copy of your 2020 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 List (As of 12/31/21)		\$86,556

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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☒ **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 Clay

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 13 day ofJune, 2022 by _____

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known X Or Produced Identification

Type of Identification Produced _____



Shirley Loria Dello
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 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 ☒

Shirley Bullock

Part B.

Community First Credit Union \$44,317

Ameriprise/Nationwide Financials: \$90,000

Met Life: \$14,000

MML Investors Services: \$38,000

Florida Prepaid College Plan: \$14,500

Total: \$200,817

Part D:

Florida Retirement PO Box 9000 Tallahassee, FL 32315 \$16,104

Office of Personnel Management PO Box 45 Boyers PA 16017-0045 \$3648

Ameriprise Trust Company 10 Ameriprise Financial Center Minneapolis MN 55474-9900 \$5000

Social Security Southeastern Program Service Center 1200 Rev Abraham Woods Jr. Blvd. Birmingham, AL 35285-0001 \$22,314

Clay County School District 900 Walnut Street Green Cove Springs FL 32043 \$39,490

Total Income: \$86,556