CANDIDATE OATH – SCHOOL BOARD NONPARTISAN OFFICE

Check box ***only*** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

MAY26 1:05P

RECEIVED

MAY 26 2020

DUVAL COUNTY ELEC.
By VH

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Kelly Coker

(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 nonpartisan office of School Board (*Office*), 1 (*District #*),

_____ (*Circuit #*), _____ (*Group or Seat #*); I am a qualified elector of Duval County, Florida;

I am qualified 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 103828667

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.]*

Kelly Coker

X Kelly G Coker — **Signature of Candidate**

(904) 707-0126 — Telephone Number

kcokerdaniel@gmail.com — Email Address

Address	City	State	ZIP Code
4871 River Basin Drive North	Jacksonville	FL	32207

STATE OF FLORIDA

COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by ☒ physical or ☐ online presence this 26 day of May, 2020.

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____

Lana G. Self
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

LANA G. SELF
Notary Public, State of Florida
My Comm. Expires 07/29/21
Commission No. GG102927

[illegible]

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Coker Kelly Ginnette

MAILING ADDRESS:
4871 River Basin Drive North

CITY: Jacksonville ZIP: 32207 COUNTY: Duval

NAME OF AGENCY:
Duval County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board (District 1)

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

RECEIVED
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MAY26 1:04
DUVAL COUNTY ELEC.
By VH

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 25, 20 20 was $ 2,132,247.67.

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 $ 125,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000: * Additional Assets on Attached Document

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home- 4871 River Basin Drive North Jacksonville, Fl 32207 (Homestead)	395,000.00
Home- 2233 Seminole Road, Atlantic Beach, Fl 32233	625,000.00
Bank Accounts (Bank of America)	4,728.15
401K & Profit Sharing	390,850.92

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	57,783.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lexus Financial Services	3,182.93
Vystar	12,092.31

(Continued on reverse side)

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
State of Florida - 4th Jud Circuit Judge	501 West Adam Street (32202)	$160,688.00

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

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.

Kelly G Coker

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 26th day of May, 2020 by Kelly G. Coker.

Lana G. Self
(Signature of Notary Public--State of Florida)

LANA G. SELF
Notary Public, State of Florida
My Comm. Expires 07/29/21
Commission No. GG102927

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

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 ☐

Part B – Additional Assets

FRS Retirement Account	$193,724.00
Charles Schwab Account	$319,014.84
Life Insurance (Prudential/Cash Surrender Value)	$89,641.00
Vehicles	$50,290.00
Deferred Compensation Plan (Nationwide)	$12,057.00

KELLY COKER FOR SCHOOL BOARD
CAMPAIGN ACCOUNT
4871 RIVER BASIN DR N
JACKSONVILLE FL 32207

1004

[redacted]

DATE May 26, 2020

PAY TO THE ORDER OF Supervisor of Elections $1783.88

One thousand seven hundred eighty three & 88/100 DOLLARS

Photo Safe Deposit Details on back

BANK OF AMERICA

[redacted]

FOR

[redacted]