

FORM 6

FULL AND PUBLIC DISCLOSURE

2017

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

DANIEL, JR., JAMES FORREST

MAILING ADDRESS:

907 65TH AVENUE WEST

2018 JUN 22 AM 8:56

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

CITY:

BRADENTON

ZIP:

34207

COUNTY:

MANATEE

NAME OF AGENCY:

SCHOOL BOARD OF MANATEE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DISTRICT # 4

CHECK IF THIS IS A FILING BY A CANDIDATE



PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 DECEMBER 31, 20 17 was \$ 270,000.00.

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 \$ 45,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

HOME 907 65th AVE W, BRADENTON, FL 34207

\$ 210,000

SOUTHWEST CPA, LLC WHOLLY OWNED CPA FIRM

50,000

RETIREMENT FUNDS

50,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

ALLY BANK, P.O. Box 951, HORSHAM, PA 19044

14,000

BANK OF AMERICA, 6160 14th ST W, BRADENTON, FL 34207

7,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

MET BANK, P.O. Box 62182, BALTIMORE, MD 21264

64,000

NISSAN MOTOR ACCEPTANCE CORP., P.O. Box 650424, DALLAS, TX 75265

15,000

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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
PURVIS GRAY & CO.	P.O. Box 141270, GAINESVILLE, FL 32614	15,615
SOUTHWEST CPA, LLC	P.O. Box 10025, BRADENTON, FL 34282	22,850

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
SOUTHWEST CPA, LLC	URBA RICE COMPANY	1770 BUSINESS CENTER LN KISSIMMEE, FL 34758	RICE MANUFACTURING
SOUTHWEST CPA, LLC	CUSTOM FLANGE PIPE, LLC	3700 LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881	PIPE MANUFACTURING

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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

MANATEE

Sworn to (or affirmed) and subscribed before me this 20th day of

June, 2018 by

(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FL D.I.



KAREN JONES
Commission # FF 98080
Expires April 11, 2020
Required to Carry Fidelity Insurance 900-365-7019

Jim Daniel

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 ☒

Addendum to Full and Public Disclosure of Financial Interests
For James F. Daniel, Jr.

Part D – Income

John Hancock Life

P. O. Box 600, Buffalo, NY 14201

\$14,286

RECEIVED
2010 JUN 22 AM 8:56
HAMILTON COUNTY
SUPERVISOR OF ELECTIONS