

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Mathis Kenneth James

MAILING ADDRESS:

37635 Hidden Park Terrace

Dade City 33525 Pasco

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Pasco County School Board District 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

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2018 JUN 13 AM 11: 21
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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, 2017 was \$ 111,000

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BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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 \$ 5,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Account, Suncoast Credit Union	1000
Household goods & personal effects	5000
2009 Toyota Tacoma	20,000
37635 Hidden Park Terrace, Dade City FL	165,000
System Division	100,000

PART C -- LIABILITIES

LIABILITIES INDIVIDUALLY REPORTED AS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credit Union, 12510 US 301, Dade City FL 33525	12,248
Suncoast Credit Union, 12510 US 301, Dade City FL 33525	14,172
RP Funding, 500 Winderley Place, Maitland FL 32751	153,563

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
District School Board of Pasco County	7227 Land O Lakes Blvd, Land O Lakes, FL	51,000

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
N/A			

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			

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 SUPERVISOR OF ELECTIONS
 MADEIRA, FLORIDA

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 PASCO

Sworn to (or affirmed) and subscribed before me this 13th day of June, 2018 by Mariessa Adams Mathis

MA adams
 (Signature of Notary Public--State of Florida)
 MARISSA M. ADAMS
 Notary Public - State of Florida
 Commission # 06 051757
 My Comm. Expires Nov 30, 2020
 Bonded through National Notary Assn.
 Personally Known _____ OR _____
 Type of Identification Produced FL I.D.

Kenneth J. Mathis
 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, Gregg A. Lynch, 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.

Gregg A. Lynch Signature Date 6-13-2018

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