

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Jackson, Sharon Denise

MAILING ADDRESS:
2570 Gomaz Way South

St. Petersburg 33712 Pinellas

CITY : ZIP : COUNTY :

NAME OF AGENCY :
School Board Member - District 7

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
School Board Member - District 7

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 10 PM 4:32
SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

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 June 9, 2020 was \$ 495,257.29.

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.

\$70,000

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
Bank Accounts - Sav&Ckg: Achieva Credit Union (\$22,183.43), Wells Fargo - \$935.88	23,119.31
Condo Ralph McGill Blvd, Atlanta <i>RMG</i>	\$290,000
Bank Account - Savings (Suncoast Cred Union-\$108,507.59)	\$108,507.59
Annuity - Jackson National- (\$85,049.77), IRAs - Fidelity Investments - (\$44,917.32)	129,967.09

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nelnet, PO Box 2970, Omaha NE68103-2970	39,695.23
Diamond Mortgage, 314 Franklin St, Titusville, PA 16354	199,389.77

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

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
Division of Retirement	PO Box 9000, Tallahassee FL 32315	\$48,000
Social Security	Soc Sec, 30 Dr. MLK Jr St. S, St. Pete 33701	\$27,600

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
NA			

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

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

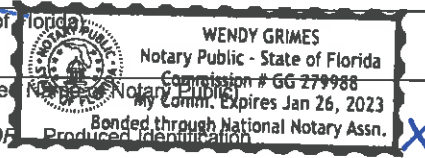
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 Pinellas
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 10 day of
June, 2020 by Sharon D. Jackson

Wendy Grimes
 (Signature of Notary Public--State of Florida)
Wendy Grimes
 (Print, Type, or Stamp Commissioned Notary Public)
 Personally Known OF Produced Identification
 Type of Identification Produced FL. D.L.



Sharon D. Jackson
 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

Form 6 (Additional Page)

Sharon Denise Jackson

RECEIVED

2020 JUN 10 PM 4:32

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

Asset – Part B

Home: 2570 Gomaz Way South, St. Petersburg, FL

\$295,000

Income – Part D

Jackson National Life Insurance Company

\$4,771.68

Jackson Service Center

1 Corporate Way

Lansing, MI 48951