

FORM 6

FULL AND PUBLIC DISCLOSURE

2017

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

OF FINANCIAL INTERESTS

2018 JUN 18 PM 12:07 FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Larsen Jeffrey Scott

MAILING ADDRESS:

1846 Lexington Place

CITY:

Tarpon Springs

ZIP:

34688

COUNTY:

Pinellas

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Pinellas County School Board District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 June 10, 20 18 was \$ 234,835.26

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 \$ 6000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Accounts (Wells Fargo Bank)	44,000
1846 Lexington Place, Tarpon Springs, FL 34688 (home)	270,615
2007 Toyota Prius	2,310
stocks, mutual funds, Florida Prepaid - see attached	

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nationsstar Mortgage 8950 Cypress Waters Blvd, Coppell, TX 75019	182,948

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
Educator (teacher, coach, facilitator)	District School Board Pasco County 7222 Land O'Lakes Blvd, Land O'Lakes, FL 34638	47928

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 this 13 day of

June, 2018 by Jeff Larsen

Wendy Grimes
 (Signature of Notary Public—State of Florida)

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



Personally Known _____ OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced Driver License

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

Assets Individually Valued at over 1,000 (shares of stock)	Value of Asset
Symbol SPAXX	5,725.85
Symbol FCBFX	4,082.61
Symbol FUSVX	14,706.32
Symbol FWWFX	5,184.95
Symbol IJH	2,443.90
Symbol IJR	2,429.48
Symbol PRU	1,367.98
Symbol FFFFX	33,958.41
Symbol LIT	1,267.25
Symbol PAYX	4,609.51

Florida Prepaid College Plan (cancelation value)	19,082
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