

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**2018 JUN 20 AM 10:15****SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER**

LAST NAME — FIRST NAME — MIDDLE NAME:

Grizzle, Lorena Jane

MAILING ADDRESS:

P.O. Box 700

CITY : Largo

ZIP : 33779 COUNTY : Pinellas

NAME OF AGENCY

Pinellas County Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

School Board Member, District 6

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 _____ June 20, _____, 20 18__ was \$ 115,575_____.

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 \$ 33,500**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

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

VALUE OF ASSET

Real Property- 10475 68th Ave, Seminole, FL 33772

\$ 273,641

Real Property- 377 3rd St NW, Largo, FL 33770

\$ 205,403

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Loan Depot, P.O. Box 77404, Ewing, NJ 08628

\$ 165,336

Wells Fargo Home Mortgage, P.O. Box 14411, Des Moines, IA 50306

\$ 85,530

Wells Fargo Bank, P.O. Box 5169, Sioux Falls, SD 57117	\$17,698
Navient Student Loans, P.O. Box 9533 Wilkes Barre, PA 18773	\$71,403
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FedLoan Servicing, P.O. Box 530210, Atlanta, GA 30353	\$57,002

CE FORM 6 - Effective January 1, 2018

(Continued on reverse side)

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Incorporated by reference in Rule 34-8.002(1), F.A.C.

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
Pinellas County Schools	301 4 th St SW, Largo, FL 33770	\$ 52,403
City of Largo	201 Highland Ave N, Largo, FL 33770	\$ 5,950
Rental Income	10475 68 th Ave, Seminole, FL 33772	\$ 20,070

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			
ADDRESS OF BUSINESS ENTITY	N/A	N/A	
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.**

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OATH

COUNTY OF Pinellas

I, the person whose name appears at the
depose on oath or affirmation

Sworn to (or affirmed) and subscribed before me this 20 day of beginning of this form, do

and say that the information disclosed on this form
and any attachments hereto is true, accurate,
and complete.

June, 20 18 by Lorena Grizzle

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



Wendy Grimes
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF192853
Expires 1/26/2019

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

Personally Known _____ OR Produced Identification ☒

Lorena Grizzle
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 ☐

NOTICE

Annual Full and Public Disclosure of Financial Interests is due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3144, F.S. - applicable to officials other than judges]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

INSTRUCTIONS FOR COMPLETING AND FILING FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

WHAT TO FILE

WHERE TO FILE

WHEN TO FILE

File only the first sheet (pages 1 and 2). Officeholders: Commission on Ethics, P.O. Officeholders: No later than July 1, 2018. Originals are **required**. Photocopies, Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Tallahassee, FL 32303; Candidates: During the qualifying period.

faxed copies and emailed copies will not be accepted. A candidate who has filed Road, Building E, Suite 200, Tallahassee, Form 6 for 2017 with the Commission, prior to qualifying, may file a copy of that Form 6 Candidates: The officer before whom at the time of qualifying, they qualify. If a Form 6 is filed with a qualifying officer, it need not also be filed with the Commission.

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