

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2007

LAST NAME — FIRST NAME — MIDDLE NAME:

Brown Janice Davis

FOR OFFICE USE ONLY:

MAILING ADDRESS:

P.O. Box 503

ID Code

Moore Haven 33471 Glades

CITY: ZIP: COUNTY:

Glades County

ID No.

NAME OF AGENCY:

Superintendent of Schools

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

P. Req. Code

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, 2007, 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 May 31, 20 08 was \$ 61,616.00

## 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.

The aggregate value of my household goods and personal effects (described above) is \$ 5,000.00

### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vacant lot at 1108 Rodeo Rd., Moore Haven, FL	\$37,700.00
Bank account - Bank of America	1,020.00
Bank account - Olde Cypress	1,915.00
Annuities/insurance - Life Investors/LSW	22,042.00
Money market account - MetLife	27,026.00

## PART C -- LIABILITIES

### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ford Credit - Box 105697, Atlanta, GA	13,587.00

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Credit cards	19,500.00

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2007 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2007 federal income tax return. (If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.)

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

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

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**OATH**

STATE OF FLORIDA  
COUNTY OF Glades

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.

Sworn to (or affirmed) and subscribed before me this 19 day of

June, 2008 by Janise D. Brown

Alvina M. Ward  
(Signature of Notary Public--State of Florida)

Alvina M. Ward  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

Janise D. Brown  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.