FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUN 30 2016
RECEIVED

PROCESSED

**********AUTO**3-DIGIT 320 T1 P3 23
Kelly D Barrera
School Board Member
St. Johns County School Board
Elected Constitutional Officer
101 Greencrest Dr
Ponte Vedra FL 32082-2116

ID Code
ID No. 211632
Conf. Code
Barrera , Kelly D

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, 2015 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, 8, 20 16 was $ ~~42,000~~ 583,651.

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 $ 42,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE - 101 GREENCREST DRIVE, PONTE VEDRA BCH, FL	675,000
BANK ACCOUNTS - VYSTAR CREDIT UNION	42825
BANK ACCOUNT - FED EX CREDIT UNION	10039
401K - TIAA CREF - VANGUARD PRIMECAP, ~~SMALL CAP IND~~, 500 INDEX, WELLINGTON, INTL EXPLORER	31978
IRA - VANGUARD - BALANCED INDEX, MONEY MARKET	98407
FLORIDA RETIREMENT SYSTEM - LARGE CAP EQUITY, SMALL-MID CAP EQUITY, 2030 TARGET FUND	6008
SAVINGS BONDS (EE)	8200

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
VYSTAR CREDIT UNION - MORTGAGE P.O BOX 45085, JAX, FL 32232	312,185.00
VYSTAR CREDIT UNION - HONDA	6923.00
~~VYSTAR CREDIT UNION -~~	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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
ST. JOHNS COUNTY SCHOOL DISTRICT	40 ORANGE ST. ST AUGUSTINE, FL	36192.69
EMBRY RIDDLE AERONAUTICAL UNIV.	600 S. CLYDE MORRIS BLVD. DAYTONA BCH, FL	63034.92
NATIONAL SAFETY COMMISSION, INC.	1102 A1A NORTH, #107, PONTE VEDRA BCH, FL	2000.00

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

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			
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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me this 29th day of June, 2016 by Lisa Caffey.

Lisa Caffey
(Signature of Notary Public--State of Florida)

Lisa Caffey
(Print, Type, or Stamp Commissioned Name of Notary Public)

LISA R. CAFFEY
Commission # FF 933199
Expires November 3, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced FLDL

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 ☐