FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2017

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUL 23 2018
RECEIVED

********AUTO**ALL FOR AADC 320 T1 P1 201 201
Warren A. Jones
Board Member, District 5
Duval County School Board
Elected Constitutional Officer
3105 Mell Ct
Jacksonville, FL 32254-3161

PROCESSED

ID Code
ID No. 214799
Conf. Code
Jones, Warren A.

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 DECEMBER 31, 20 17 was $ 235,087.

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 $ 38,400

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SINGLE FAMILY HOME; 3105 MELL COURT; JACKSONVILLE, FL 32254	77,000
SINGLE FAMILY HOME; 7819 LISA DRIVE EAST; JACKSONVILLE, FL 32217	145,000
SINGLE FAMILY HOME; 286 STOCKTON STREET; JACKSONVILLE, FL 32204	43,000
SINGLE FAMILY HOME; 292 STOCKTON STREET; JACKSONVILLE, FL 32204	43,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
COMMUNITY FIRST CREDIT UNION; P.O. BOX 77404; EWING, NJ	78,900
LEXUS FINANCIAL SERVICES; P.O. BOX 5655; CAROL STREAM; IL	17,076

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 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
CITY OF JACKSONVILLE RETIREMENT	117 WEST DUVAL STREET, SUITE 330	$ 23,166
SOCIAL SECURITY ADMINISTRATION SOUTHEASTERN PROGRAM SERVICE CENTER	1200 REV ABRAHAM WOODS JR. BOULEVARD BIRMINGHAM, ALABAMA 35285	$ 11,964

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 DUVAL

Sworn to (or affirmed) and subscribed before me this 19TH day of JULY, 2018 by _____.

Cindy J. Wagnett
(Signature of Notary Public--State of Florida)

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

Personally Known _____ Produced Identification _____

Type of Identification Produced _____

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 ☑

PART B - ASSETS

U.S. SAVINGS BONDS; P.O. BOX 27622; RICHMOND, VA
$ 13,100

ONE 2 ONE FINANCIAL CREDIT UNION
P.O. BOX 16688; JACKSONVILLE, FL 32245
$ 5,249

EVERBANK OF FLORIDA; 11 OVAL DRIVE, SUITE 107
ISLANDIA, NY 11749
$ 4,714

PART D - INCOME

DIVISION OF RETIREMENT $ 12,587
P.O. BOX 9000
TALLAHASSEE, FL 32315

ACCENT PROPERTIES $ 11,908
2120 CORPORATE SQUARE BOULEVARD,
SUITE 20
JACKSONVILLE, FL 32216

THE DUVAL COUNTY SCHOOL BOARD $ 35,951
1701 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207

TIFFANY DRAYTON (TENANT) $ 550.00
292 STOCKTON STREET
JACKSONVILLE, FLORIDA 32204