FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 14 2021
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**********AUTO**MIXED AADC 323 T7 P1 6 1141

SUSAN DIANE DUVAL
SCHOOL BOARD MEMBER DISTRICT 5
School Board Of Hernando County
Elected Constitutional Officer
PO BOX 10818
BROOKSVILLE FL 34603-0818

ID CODE
ID NO. 254068
CONF. CODE
Duval, Susan Diane

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, 2020 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 20 was $ 1,380,700.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED STMT	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED STMT	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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
SEE	ATTACHED STMT	

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **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 Hernando

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 8th day of June, 2021 by _____.

(Signature of Notary Public--State of Florida)

KELLY A. POGUE
Commission # GG 309274
Expires July 7, 2023
Bonded Thru Budget Notary Services

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

Personally Known ✓ *OR* 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, Lori A Sowers, 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

6/8/2021
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 ☑

Form 6 Attachment
2020
Susan Duval
School Board Member District 5 Hernando County

Part B - Assets

Household Goods and Personal Effects

$	50,000

Assets Individually Valued at Over $1,000

Description of Asset	
6035 Pony Path, Brooksville FL	$ 393,020
2810 52nd St S, Gulfport FL	275,667
Duval Family Farms, LLC (50% interest)	200,000
Retirement Plans (Members Trust)	413,706
Annuity (CMFG Life)	400,986
Retirement Plans (Pershing)	20,746
Annuity (Nationwide)	38,012
Retirement Plan (Virginia Retirement)	2,400
Bank Accounts (Suncoast Credit Union)	140,667

Part C - Liabilities

Liabilities in Excess of $1,000

Name and Address of Creditor	
Waterstone Mortgage, PO Box 77404, Ewing NJ	$ 247,038
Waterstone Mortgage, PO Box 77404, Ewing NJ	302,425

Part D - Income

Primary Sources of Income

Florida Retirement System	PO Box 9000, Tallahassee FL	$ 61,101
Social Security Admin	6401 Security Blvd, Baltimore MD	30,444
Hernando Co School Board	919 N Broad St, Brooksville FL	30,933