FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA
COMMISSION ON ETHICS
JUN 29 2021
RECEIVED

********AUTO**ALL FOR AADC 320 T1 P1 141 141

MRS 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, 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 JUNE 16, 20 21 was $ 1,639,753.

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 $ 65,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE VYSTAR CU P.O. Box 45085 JACKSONVILLE, FL 32232	$187,872
MORTGAGE VYSTAR CU P.O. Box 45085 JACKSONVILLE, FL 32232	$254,264

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 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
EMBRY RIDDLE AERONAUTICAL UNIV.	1 AEROSPACE BLVD. DAYTONA BCH, FL 32114	$80,300
ST. JOHNS COUNTY SCHOOL DISTRICT	40 ORANGE ST. ST. AUGUSTINE, FL 32084	$39,047

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.

SUZAN LUPTON
Commission # HH 011991
Expires June 18, 2024
Bonded Thru Troy Fain Insurance 800-385-7019

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 25th day of June, 2021 by Kelly D Barrera.

(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification X

Type of Identification Produced FL DL

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 ☐

ATTACHMENTS

PART B - ASSETS

VANGUARD IRA	136,221
TIAA CREF 401K	221,644
FIDELITY CASH MGT	84,847
FEDEX EMPLOYEES CREDIT UNION (SV)	4,524
VYSTAR CREDIT UNION (CK)	10,765
(SV)	7,882
(CD)	15,584
FLORIDA RETIREMENT SYSTEM	30,172
RESIDENCE - 101 GREENCREST DR. PONTE VEDRA BCH, FL 32082	1,110,000
PROPERTY - 757 SANDY OAKS CT. PONTE VEDRA BCH, FL 32082	389,000
2012 HONDA CRV	6,250
	$2,016,889

PART D - INCOME

NATIONAL SAFETY COMMISSION — $4,250
1102 A1A NORTH, SUITE 107
PONTE VEDRA BCH, FL 32082