

# PROCESSED

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2020**

Please print or type your name, mailing address, agency name, and position below:

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Yarborough Clay E

MAILING ADDRESS:

P.O. Box 351035

CITY:

Jacksonville

ZIP:

32225

COUNTY:

Duval

NAME OF AGENCY:

FL House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

State Representative, District 12

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FLORIDA  
COMMISSION ON ETHICS  
JUN 29 2021  
RECEIVED

38422

**HAND DELIVERED**

**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, 2020 was \$ 135,410.

**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 \$ 66,000

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

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--------------------------------------------------------------------------------|----------------|
| Checking and Savings Accounts - Community First Credit Union, Jacksonville, FL | \$10,100       |
| FL Retirement System (not self-directed)                                       | \$67,910       |
|                                                                                |                |
|                                                                                |                |

**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, Jacksonville, FL - Vehicle Loan | \$8,600             |
|                                                               |                     |
|                                                               |                     |
|                                                               |                     |

**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 attachment                             |                             |        |
|                                            |                             |        |

**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**

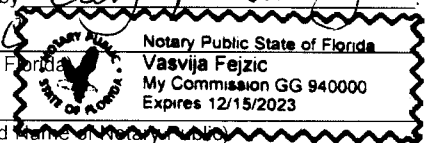
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Clay Varborough  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 25<sup>th</sup> day of

June 2021 by Clay Varborough  
(Signature of Notary Public--State of Florida)  
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification X

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** ☒

Part D – Income

Primary Sources of Income

|                  |                                             |          |
|------------------|---------------------------------------------|----------|
| State of Florida | 200 E. Gaines Street, Tallahassee, FL 32399 | \$30,170 |
| FloridaMakes     | 800 N. Magnolia Avenue, Orlando, FL 32803   | \$75,378 |