FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

Warren A. Jones
Board Member, District 5
Duval County School Board
Elected Constitutional Officer
3105 Mell Ct
Jacksonville FL 32254 -3161

FLORIDA COMMISSION ON ETHICS
AUG 12 2021
RECEIVED

PROCESSED

214799

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, 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 $ 382,215.

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 $ 29,100

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, FLORIDA 32254	85,500
SINGLE FAMILY HOME; 7819 LISA DRIVE, EAST; JACKSONVILLE, FLORIDA 32217	148,800
SINGLE FAMILY HOME; 286 STOCKTON STREET; JACKSONVILLE, FLORIDA 32204	50,000
SINGLE FAMILY HOME; 292 STOCKTON STREET; JACKSONVILLE, FLORIDA 32204	48,000

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, NEW JERSEY 08628	62,399
LEXUS FINANCIAL SERVICES; P.O. BOX 5655; CAROL STREAM, ILLINOIS	17,457

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
CITY OF JACKSONVILLE RETIREMENT	117 WEST DUVAL STREET, SUITE 330	24,858
SOCIAL SECURITY ADMINISTRATION	1200 REV. ABRAHAM WOODS, JR. BOULEVARD BIRMINGHAM, ALABAMA 35205	13,696

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.

GAIL COLLINS MY COMMISSION EXPIRES FEBRUARY 25, 2025 #HH 097552 Bonded thru Troy Fain Insurance NOTARY PUBLIC, STATE OF FLORIDA

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 24 day of August, 2021 by Warren A Jones.

Gail Collins
(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced FL Driver's License

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

United States Savings Bonds
Post Office Box 27622
Richmond, Virginia 23261

$ 14,700

One 2 One Financial Credit Union
Post Office Box 16688
Jacksonville, Florida 32245

$ 11,048

TIAA Bank
501 Riverside Avenue
Jacksonville, Florida 32202

$ 4,923

PART D - INCOME

Division of Retirement
Post Office Box 9000
Tallahassee, Florida 32315

$ 13,205

Accent Properties
2120 Corporate Square Boulevard, Suite 20
Jacksonville, Florida 32216

$ 11,995

The Duval County School Board
1701 Prudential Drive
Jacksonville, Florida 32217

$ 37,622

Evelyn Bird - TENANT
292 Stockton Street
Jacksonville, Florida 32204

$ 3,956

Jacksonville Housing Authority
1300 Broad Street
Jacksonville, Florida 32202

$ 4,444

PART B - ASSETS

United States Savings Bonds $_____