FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS
JUL 18 2022
RECEIVED

214799

LAST NAME — FIRST NAME — MIDDLE NAME:
Jones Warren Anthony

MAILING ADDRESS:
3105 Mell Court

CITY: Jacksonville | ZIP: 32254-3161 | COUNTY: Duval

NAME OF AGENCY:
Duval County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Board Member, District 5 (Elected Constitutional Officer)

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, 2021 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 21 was $ 393,828.

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 $ 72,000

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 32254-3161	95,500
Single family home; 7819 Lisa Drive, East; Jacksonville, Florida 32217	168,000
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	56,690
Lexus Financial Services; P.O. Box 5655; Carol Stream, Illinois	15,568

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART B - ASSETS

United States Savings Bonds Post Office Box 27622 Richmond, Virginia 23261	$14,757
One 2 One Financial Credit Union Post Office Box 16688 Jacksonville, Florida 32245	$12,884
TIAA Bank 501 Riverside Avenue Jacksonville, Florida 32202	$ 4,945

PART D - INCOME

Division of Retirement Post Office Box 9000 Tallahassee, Florida 32315	$13,417
Accent Properties 2120 Corporate Square Boulevard, Suite 20 Jacksonville, Florida 32216	$11,890
The Duval County School Board 1701 Prudential Drive Jacksonville, Florida 32217	$47,472
Evelyn Bird - Tenant 292 Stockton Street Jacksonville, Florida 32204	$ 3,855
Jacksonville Housing Authority 1300 Broad Street Jacksonville, Florida 32202	$ 4,545

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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; Jacksonville, FL 32202	25,579
Social Security Administration	1200 Rev. Abraham Woods, Jr. Boulevard; Birmingham, AL	14,210

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 8th day of July, 2022 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 _____

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 ☐