

FORM 6		FULL AND PUBLIC DISCLOSURE		2017
OF FINANCIAL INTERESTS			FOR OFFICE USE ONLY:	
Please print or type your name, mailing address, agency name, and position below:			<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">JUN 18 2018</div> <div style="font-size: 1.2em; transform: rotate(-15deg); opacity: 0.5;">FLAGLER COUNTY SUPERVISOR OF ELECTIONS</div> <div style="font-size: 4em; transform: rotate(-15deg); opacity: 0.5;">COPY</div>	
LAST NAME — FIRST NAME — MIDDLE NAME: JONES, CARL VINCENT				
MAILING ADDRESS: 2 CRESCENT COURT NORTH				
PALM COAST FL 32137 FLAGLER				
CITY: ZIP: COUNTY: FLAGLER COUNTY SCHOOL DISTRICT				
NAME OF AGENCY: SCHOOL BOARD MEMBER				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
CHECK IF THIS IS A FILING BY A CANDIDATE <input checked="" type="checkbox"/>				
PART A — NET WORTH				
Please enter the value of your net worth as of December 31, 2017 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 <u>18 JUN</u> , 20 <u>18</u> was \$ <u>1,000,000</u>				
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 \$ <u>80,000</u>				
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:				
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)				VALUE OF ASSET
HOME - 2 CRESCENT COURT N. PALM COAST FL 32137				\$50,000
PART C — LIABILITIES				
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):				
NAME AND ADDRESS OF CREDITOR				AMOUNT OF LIABILITY
HOME - 2 CRESCENT COURT N. PALM COAST, FL 32137				\$
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:				AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR				

PART D --

COPY RECEIVED

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Of attach a complete copy of your 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
USAF/RETIREMENT/DEAS/AF	8899 E. 56th St Indianapolis IN 46249	\$43,000 ANN.
USAF/Disability Benefit/AF/VA	9500 Bay Pines Blvd St. Petersburg FL 33744	\$13,700 ANN.

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

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

- ☐ 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 Flagler

Sworn to (or affirmed) and subscribed before me this 18 day of

June, 2018 by Carl Vincent Jones

Jennifer Sebastianski
(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced Florida Driver License

Jennifer Sebastianski
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF964958
Expires 2/17/2020

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 ☐