

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
MCGRAW DIYONNE

MAILING ADDRESS:
4331 NW 21ST TERR

CITY : ZIP : COUNTY :
GAINESVILLE 32605 ALACHUA

NAME OF AGENCY :
ALACHUA COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
ALACHUA COUNTY SCHOOL BOARD DISTRICT 2

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 11 PM04:18

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 19 was \$ 651,420.86.

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 \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
EXHIBIT A ATTACHED	1,826,197.84
N/A	N/A
N/A	N/A
N/A	N/A

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
EXHIBIT A ATTACHED	1,122,769.19
N/A	N/A
N/A	N/A
N/A	N/A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A
N/A	N/A

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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
SUCCESSFUL LIVING II LLC	PO BOX 5935, GAINESVILLE, FL 32627	753,667.24
N/A	N/A	N/A

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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	N/A

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

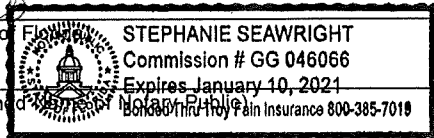
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Dijonne McGraw
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 11TH day of

JUNE, 2020 by Dijonne McGraw
Stephanie Seawright
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission and Expiration Date)

Personally Known X 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, TAVARA KAYE ANDREWS, CPA, JD, 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.

Tavara K. Andrews
 Signature

09 JUNE 2020
 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

Diyonne McGraw
As of December 31, 2019

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

DESCRIPTION OF ASSET	VALUE OF ASSET
Bank Accounts (Renasant Bank)	62,896.50
Certificate of Deposit (Renasant Bank)	30,000.00
2009 Toyota Sienna	12,763.00
2010 Toyota Sienna	25,523.00
2014 Chrysler Town & Country	38,762.00
2014 Kia Sedona	19,078.00
2015 Chrysler Town & Country	22,246.18
2016 Chrysler Town & Country	21,391.48
Fire Sprinkler Systems	16,978.00
Fire Sprinkler Systems 2	13,916.00
Fire Sprinkler Systems 3	9,641.00
Company Furniture	26,924.33
Leasehold Improvements	38,319.00
Tenant Security Deposits	3,280.35
15717 NW 135th Ter, Alachua, FL, 32615	15,000.00
Land Parcel- NW 31st Terrace, Gainesville, FL 32606	55,000.00
1642 NE 17th Way, Gainesville, FL 32609	50,000.00
2427 NW 65th Terrace, Gainesville, FL 32606	257,623.00
2673 SE 18th Ave, Gainesville, FL 32641	132,754.00
3031 NW 24th Ter, Gainesville, FL 32605	238,445.00
4331 NW 21st Ter, Gainesville, FL 32605	209,795.00
5311 NW 81st Ave, Gainesville, FL 32653	234,000.00
7422 NW 21st Way, Gainesville, FL 32653	291,862.00
TOTAL ASSETS INDIVIDUALLY VALUED AT OVER \$1,000	1,826,197.84

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital One Auto Finance, 7933 Preston Rd, Plano, TX 75024	8,084.58
Credit Acceptance Corp, 29777 Telegraph Rd, Ste 2611, Southfield, MI 48034	14,964.88
Capital City Bank, 5200 W Newberry Rd, Ste A, Gainesville, FL 32607	181,594.80
Ironwood Associates, 1330 NE 39th Ave, Gainesville, FL 32609	27,935.00
Community Bank & Trust, 6120 NW 1st Pl, Gainesville, FL 32607	36,000.00
Navient, PO Box 9635, Wilkes-Barre, PA 18773-9635	183,006.00
Renasant Bank, 4373 W Newberry Rd, Gainesville, FL 32606	671,183.93
TOTAL LIABILITIES IN EXCESS OF \$1,000	1,122,769.19