

FORM 6**FULL AND PUBLIC DISCLOSURE****2021**

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:

MCGRAW DIYONNE

MAILING ADDRESS:

4331 NW 21ST TERR

CITY :

GAINESVILLE

ZIP :

32605

COUNTY :

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 ☒

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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 \$ 437,031.46.

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 \$ 30,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
EXHIBIT A ATTACHED	3,971,124.91
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	3,344,991.17
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
N/A	N/A

Diyonne McGraw
As of December 31, 2021

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PART B -- ASSETS

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Bank Accounts (Renasant Bank)	3,195.45
Bank Account (Millenium Bank)	2,619.02
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
2021 Cadillac Escalade	123,330.00
Fire Sprinkler Systems	16,978.00
Fire Sprinkler Systems 2	13,916.00
Fire Sprinkler Systems 3	9,641.00
Company Furniture	40,112.78
Leasehold Improvements	38,319.00
Construction in Progress	531,750.00
Land Parcel- NW 31st Terrace, Gainesville, FL 32606	55,000.00
1029 NE 22nd Ave, Gainesville, FL 32609	210,000.00
15717 NW 135th Ter, Alachua, FL, 32615	15,000.00
1642 NE 17th Way, Gainesville, FL 32609	50,000.00
2109 Cheeke Nene, Tallahassee, FL 32301	217,000.00
2427 NW 65th Terrace, Gainesville, FL 32606	254,000.00
2673 SE 18th Ave, Gainesville, FL 32641	130,000.00
2940 NE 10th Dr, Gainesville, FL 32609	170,000.00
3031 NW 24th Ter, Gainesville, FL 32605	232,750.00
4034 NW 20th Terrace, Gainesville FL 32605	285,000.00
4331 NW 21st Ter, Gainesville, FL 32605	235,000.00
4414 NW 21st Dr, Gainesville, FL 32605	160,000.00
5311 NW 81st Ave, Gainesville, FL 32653	234,000.00
726 NW 8th Ave, Gainesville, FL 3261	545,000.00
7422 NW 21st Way, Gainesville, FL 32653	228,750.00
TOTAL ASSETS INDIVIDUALLY VALUED AT OVER \$1,000	3,971,124.91

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	3,892.49
Credit Acceptance Corp, 29777 Telegraph Rd, Ste 2611, Southfield, MI 48034	3,739.48
Select Portfolio Servicing, PO Box 65250, Salt Lake City, UT 84165-0250	100,054.22
Florida Credit Union, P.O. Box 5549, Gainesville, FL 32627	110,884.89
Navient, PO Box 9635, Wilkes-Barre, PA 18773-9635	183,006.00
TD Bank, 600 NW 43rd Street, Gainesville, FL 32607	81,113.09
Wallace R. Cain, PO Box 100, Alachua, FL 32616	429,750.00
Millenium Bank, 6392 Artesian Circle Ooltewah, TN 37363	1,608,642.60
Robert Mitchell & Wendy Reed-Mitchell, 1462 NW 170th ST, Newberry, FL 32669	823,908.40
TOTAL LIABILITIES IN EXCESS OF \$1,000	3,344,991.17

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.

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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
SUCCESSFUL LIVING II LLC	PO BOX 5935, GAINESVILLE, FL 32627	791,792.99
SCHOOL BOARD OF ALACHUA CO	620 EAST UNIVERSITY AVE	13,698.58

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
Successful Living II	FL AGENCY FOR HCA	2562 Exec Ctr Cir E, TLH	HEALTH CARE ADMIN
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

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.

STATE OF FLORIDA
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 1 day of

June 15, 2022 by Diyonne McGraw

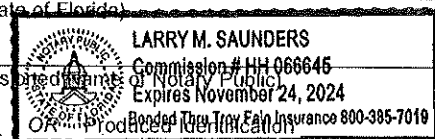
(Signature of Notary Public--State of Florida)

Diyonne McGraw
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)
LARRY M. SAUNDERS
Commission # HH 066645
Expires November 24, 2024

Personally Known ☒

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 K. Andrews, CPA, Esquire, 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

06/14/2022

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 ☒