

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:

LAST NAME — FIRST NAME — MIDDLE NAME:

JACKSON CHARLIE RAY

MAILING ADDRESS:

2708 NW 170th ST.

NEWBERRY FLA 32669 ALACHUA

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT: ALACHUA COUNTY
COUNTY COMMISSION DISTRICT #2CHECK IF THIS IS A FILING BY A CANDIDATE ☒

2022 JUN 17 AM 10:51

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 135,479.68 20 22 was \$ 135,479.68
JUN 17, 2022

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 \$

\$ 111,666.96

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

RADIANT CREDIT UNION MONEY MARKET ACT, 4420 NW 25 th PL Gainesville FL	7,204.96
REAL PROPERTY: HAMILTON COUNTY, JASPER, FLA (13 Acres)	20,212.00
REAL PROPERTY: HAMILTON COUNTY, JASPER FLA (110T)	9,250.00
HOUSEHOLD GOODS AND PERSONAL EFFECTS 2708 NW 170 th ST, Newberry FL	75,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

RADIANT CREDIT UNION 4440 NW 25 th PL Gainesville FL	62,919.68
(ARRIVANT) MORTGAGE SERVICES P.O. Box 5001 Westfield, IN	130,000
RADIANT CREDIT UNION (VISA CARD) 4440 NW 25 th PL Gainesville FL	18,000
	\$210,919.68

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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 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
U.S. ARMY RETIREMENT DFAS	CLEVELAND OH	2,864.02
U.S. ARMY VA TREASURY	CLEVELAND, OH	3,517.84
FLORIDA BEST MANAGEMENT SERVICES	P.O. BOX 9000 Tallahassee, FL	3,306.94

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		

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	N/A		
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.

STATE OF FLORIDA

COUNTY OF Hackney

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

☐ physical presence or ☐ online notarization, this

2022 by Charlie Ray Jackson

(Signature of Notary Public--State of Florida)

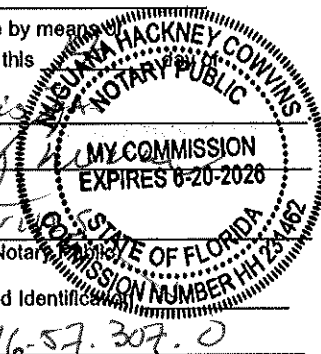
NUGUNA HACKNEY COWINS
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒

OR Produced Identification ☐

Type of Identification Produced

FL 1520-116-57.307.0



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, CHARLIE RAY JACKSON, 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

Jun 17, 2022

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 ☐