

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2019**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Webb Catherine Duran

MAILING ADDRESS:

1324 Longmeadow Trail

CITY :

Middleburg

ZIP :

32068

COUNTY :

Clay

NAME OF AGENCY :

Clay County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

Rec'd 2020 JUN 08 PM 12:06

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, 2019 was \$ 829,000.00.

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 \$ _____.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
See attached		

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	C&J Home Repair		
ADDRESS OF BUSINESS ENTITY	1324 Longmeadow Trl		
PRINCIPAL BUSINESS ACTIVITY	Home Repairs		
POSITION HELD WITH ENTITY	Co Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Co Owener		

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.

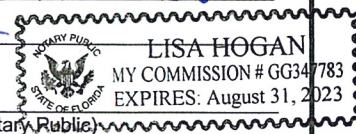
STATE OF FLORIDA

COUNTY OF Clay

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

☒ physical presence or ☐ online notarization, this 5 day ofJune, 2020 by Catherine Webb

(Signature of Notary Public--State of Florida)

Lisa Hogan
(Print, Type, or Stamp Commissioned Name of Notary Public)Personally Known _____ OR Produced Identification ☒Type of Identification Produced FL DL

Alexander Dan Webb
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, _____, 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 ☐

Catherine Duran Webb

Candidate for Clay County Sheriff

Document prepared 06/01/2020

Part B

Middleburg, Florida Primary Resident	\$425,000
Jacksonville, Florida Second Home	\$250,000
Cars, Motorcycle, Boat, RV, Trucks, Trailers, Collectible Cars	\$129,000
Household Goods	\$25,000

Part C

Freedom Mortgage, P.O. Box 50485, Indianapolis, IN 46250-0485	\$201,000
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Part D

PRIMARY SOURCE OF INCOME

Nassau County, 77151 Citizens Circle Yulee, Florida

DFAS, 8899 56th St. Indianapolis, IN 46249 Navy retired pay

VA Compensation P.O. Box 1437 St. Petersburg, Florida 33731 VA Disability	\$95,516.28
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SECONDARY SOURCE OF INCOME

C & J Home repair LLC 1324 Longmeadow Trail Home Maintenance Established 2019	\$0
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