CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

Check box *only* if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED

JUN 15 2022

DUVAL COUNTY ELEC. By_____

TYTIC III CAITAGAIC		OFFICE USE ONLY
Candidate		
(Section 99.021(1)(a) and 105.	.031, Florida Statutes)	
(Print name above as you wish it to appear on the ballot. It hyphen, check box [] (see page 2 - Compound Last Nar Although a write-in candidate's name is not printed on the ballot.	nmes). No change can be made after allot, the name must be printed above for	the end of qualifying.
am a candidate for the nonpartisan office of DOVAL CO	DUNTY SCHOOL BOAY	(District #)
·	_	, ,
(Circuit #) (Group or Seat #); I am a qualified elector of	10VAL	County, Florida;
I am qualified under the Constitution and the Laws of Florida to have qualified for no other public office in the state, the term office I seek; and I have resigned from any office from which Statutes; and I will support the Constitution of the United States	of which office or any part thereof ru I I am required to resign pursuant to S	uns concurrent with the Section 99.012, Florida
Section 876.05, Florida Statutes, oath (only applicable if elect Florida and of the United States of America, and being employeblic funds as such employee or officer, do hereby solemnly sustates and of the State of Florida.	loyed by or an officer of the school bo	oard and a recipient of
Candidate's Florida Voter Registration Number (located on you	ur voter information card): <u>」2328</u>	382 le 1
Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions		
Ho4) 376 - Candidate Telephone Number 3815 ADMIKALS BEND DRIVE ACKSON Address	Emair Au	JOME. COM ddress 32225 ZIP Code
STATE OF FLORIDA COUNTY OF DUVA	Signature of Notary Public Print, Type, or Stamp Commissioned Name of	of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\begin{array}{cccccccccccccccccccccccccccccccccccc	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 Commission No. GG366249	·

Type of Identification Produced: FL Driver License

FORM 6 FULL AND PUBLIC DISCLOSURE	2021
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS FO	OR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	
Carney April Arena	
MAILING ADDRESS: 13815 Admirals Bend Drive	
	EIVED
CITY: ZIP: COUNTY: Jacksonville 32225 Duval	1 5 2022
NAME OF ACENCY:	COUNTY EL EQ
Duval County School Board By	COUNTY ELEC.
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Duval County School Board, District 2	QU.
CHECK IF THIS IS A FILING BY A CANDIDATE	
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instru	
My net worth as of March 31 , 20 $\frac{22}{\text{was }}$ was \$ $\frac{639,826.84}{\text{mas}}$,
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 following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art object 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
SeeAttached	\$564,206.32
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ford Credit	\$30,281.58
Volvo Car Financial Services	\$59,047.90
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
L. Mar. AMAZINA A. M.	

	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 INCOM			, , , , , , , , , , , , , , , , , , ,	~·· • ₁				
NAME OF SOURCE OF INCO		Ī	ADDRESS OF SOURCE OF INCOME	AMOUNT				
Timothy Roy (Sale of pri	mary residence)	560 Myra	Street, Neptune Beach, FL 3	2266 \$190,517.22				
SECONDARY SOURCES OF IN	COME [Major customers, cl	ients, etc., of bu	usinesses owned by reporting persons	ee instructions on page 51:				
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	R SOURCES	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PA	ART E INTERESTS I	N SPECIFIE	D 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				, and a manufacture				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST				· ····································				
		PART F.	TRAINING					
This section applies only to o	officers required to compl		nics training pursuant to section 112	.3142. F.S. [See instructions p. 6]				
	•		PLETED THE REQUIRED T	• • • • • • • • • • • • • • • • • • • •				
OA	ТН	STATE COUN	OF FLORIDA TY OF DUVAL					
I, the person whose name appe	ars at the		to (or affirmed) and subscribed before	me by means of				
beginning of this form, do depos	se on oath or affirmation	Z∆ phy	sical presence or 🔲 online notarization	on, this 15 man day of				
and say that the information dis	closed on this form	7	une , 20 22 by					
and any attachments hereto is t	rue, accurate,	and any attachments hereto is true accurate						
and complete. (Signature of Notary Public—State of Florida) BRENDA K. BYLES								
Mu Comm. Comition COME (1990)								
	011	(Signal		BRENDA K. BYLES Notary Public, State of Florida				
1	H1	(Signal	ure of Notary Public-State of Florida)	BRENDA K. BYLES Notary Public, State of Florida				
MOTO S	H	(Signat	ure of Notary PublicState of Florida) Type, or Stamp Commissioned Name o	BRENDA K. BYLES Notary Public, State of Florida				
SIGNATURE OF REPORTING	OFFICIAL DR CANDIDATE	(Signat	ure of Notary PublicState of Florida) Type, or Stamp Commissioned Name o	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 of Notary Cubic Sission No. GG366249 aced Identification				
If a certified public accountant	licensed under Chapter 4	(Signat (Print, Person Type o	ure of Notary PublicState of Florida) Type, or Stamp Commissioned Name of ally Known OR Produ	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 of Notary Commission No. GG366249 aced Identification				
	licensed under Chapter 47	(Signal (Print, Person Type o	ure of Notary Public-State of Florida) Type, or Stamp Commissioned Name of ally Known OR Produced FL Dry in good standing with the Florida Ba	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 of Notary Commission No. GG366249 aced Identification NOC LICENSE Try prepared this form for you, he or				
If a certified public accountant she must complete the followin	licensed under Chapter 47	(Signal (Print, Person Type of 73, or attorney	ure of Notary PublicState of Florida) Type, or Stamp Commissioned Name of ally Known OR Produced FL Dry	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 of Notary Confidence No. GG366249 aced Identification Over License or prepared this form for you, he or				
If a certified public accountant she must complete the followin I,	licensed under Chapter 47 ag statement: utes, and the instructions in	(Signal (Print, Person Type of 73, or attorney	ure of Notary Public-State of Florida) Type, or Stamp Commissioned Name of ally Known OR Product of Identification Produced FL Dry in good standing with the Florida Batthe CE Form 6 in accordance with Ar	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 of Notary Confidence No. GG366249 aced Identification The License of Florida Constitution, elief, the disclosure herein is true				
If a certified public accountant she must complete the followint, Section 112.3144, Florida Statu and correct. Signature	licensed under Chapter 47 ag statement: utes, and the instructions to	(Signal (Signal (Print, Person Type of 73, or attorney, prepared to the form. Up	ure of Notary Public-State of Florida) Type, or Stamp Commissioned Name of ally Known OR Product of Identification Produced FL Dry in good standing with the Florida Batthe CE Form 6 in accordance with Ar	BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 of Notary Collidission No. GG366249 aced Identification The prepared this form for you, he or ar prepared this form for you, he or at II, Sec. 8, Florida Constitution, elief, the disclosure herein is true Date				

Assets

Account	Description	Amount	
13815 Admirals Bend Drive Jacksonville, FL 32225	Single Family Home	\$	397,500.00
Ally	Checking	\$	46,816.55
Ally	Checking	\$	12,497.51
Ally	Savings	\$	4,931.16
Goldman Sachs	IRA	\$	6,044.34
Touchstone Investments	IRA	\$	1,282.76
2019 Ford Ranger		\$	33,300.00
2021 Volvo XC90		\$	61,834.00
Total Assets		\$	564,206.32