

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:  
Joyce, Charlotte Diane

MAILING ADDRESS:  
1099 Victory Lake Drive

CITY: ZIP: COUNTY:  
Jacksonville FL Duval

NAME OF AGENCY:  
Duval County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
School Board Member, District 6

CHECK IF THIS IS A FILING BY A CANDIDATE

**RECEIVED**  
JUN 15 2018  
DUVAL COUNTY ELEC.  
By [Signature]

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 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 June 1, 20 18 was \$ 199,966.-

**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 \$ 10,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2012 Mazda CX-9	13,000.00
Retirement Accounts (Principal and Duval County School Board)	<u>20,166.28</u>
Checking and Savings Accounts (BBVA Compass Bank and Vystar Credit Union)	18,000.00
1099 Victory Lake Drive, Jacksonville, Florida	371,000.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Synchrony Bank PO Box 960061, Orlando, Florida	1,400.00
Vystar Credit Union, 4420 Wabash Ave, Jacksonville, Florida	230,800.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>FED LOAN SERVICING PARENT PLUS Student Loan, PO Box 69184, Harrisburg, PA</u>	<u>28,883.00</u>

**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 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
Duval County Public Schools	1701 Prudential Dr, Jacksonville, Florida	39,509. <sup>01</sup>

**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			

**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		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**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 Duval

Sworn to (or affirmed) and subscribed before me this 14th day of June, 2018 by Charlotte Joyce

Sara James  
 (Signature of Notary Public--State of Florida)  
Sara James  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

**NOTARY PUBLIC**  
 SARA JAMES  
 MY COMMISSION # FF 203897  
 EXPIRES: February 26, 2019  
 Bonded Thru Budget Notary Services

Personally Known  OR Produced Identification   
 Type of Identification Produced \_\_\_\_\_

Charlotte Joyce  
 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, Patrick Joyce, 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.

Patrick Joyce Signature Date 6/14/18

**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**