

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2017**

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:

AYERS JOHN CASEY

MAILING ADDRESS:

13006 AEGEAN DRIVE

CITY:

JACKSONVILLE

ZIP:

32246

COUNTY:

DUVAL

NAME OF AGENCY:

DUVAL COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SCHOOL BOARD DISTRICT TWO

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

JUN 19 2018

DUVAL COUNTY ELEC.

By AS

**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 DECEMBER 31ST, 2017 was \$ -63,119.78

**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 \$ \$66,100

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

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| SINGLE FAMILY HOME: 13006 AEGEAN DR. JACKSONVILLE, FL 32246                    | \$438,600      |
| PERSONAL CHECKING: VYSTAR CREDIT UNION PO BOX 45085 JAX, FL 32232              | \$1,521        |
| JOINT CHECKING: VYSTAR CREDIT UNION PO BOX 45085 JAX, FL 32232                 | \$23,605       |
| HEALTH SAVINGS ACCT: VYSTAR CREDIT UNION PO BOX 45085 JAX, FL 32232            | \$2,593        |

**PART C -- LIABILITIES**

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

| NAME AND ADDRESS OF CREDITOR   | AMOUNT OF LIABILITY |
|--|---------------------|
| PROVIDENT FUNDING. PO BOX 5914, SANTA ROSA, CA 95402                       | \$416,550           |
| AUDI FINANCIAL SERVICES. PO BOX 5215 CAROL STREAM, IL 60197                | \$16,370            |
| VERIDIAN CREDIT UNION. PO BOX 6006 1827 ANSBOROUGH AVE. WATERLOO, IA 50704 | \$91,857            |

**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 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    |
|--|---|-----------|
| POINTS AWAY LLC                            | 13006 AEGEAN DR. JACKSONVILLE, FL 32246 | \$235,722 |
| TAJVAR GOUDARZI LIVING TRUST               | 10435 MIDTOWN PKWY #417 JAX, FL 32246   | \$2,007   |

**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 |
|-------------------------|---|---|---------------------------------------|
| POINTS AWAY LLC         | PLURAL SIGHT LLC                          | 182 N. UNION AVE.<br>FARMINGTON, UT 84025 | ENTERPRISE TRAINING                   |

**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                   |                     |                     |                     |
| 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**

STATE OF FLORIDA  
COUNTY OF Duval

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.

Sworn to (or affirmed) and subscribed before me this 18 day of June, 2018, by John Casey Ayers

Yvonne M. Batzel  
Commission # GG 036264  
Expires October 5, 2020  
Bonded Thru Troy Fain Insurance Agency, Inc.  
Signature of Notary Public--State of Florida  
Yvonne M. Batzel  
Commissioned Name of Notary Public

John Casey Ayers  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification X  
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, John Casey Ayers, 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.

John Casey Ayers  
Signature

June 18, 2018  
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**