

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:
Gaffney Reginald Leon

MAILING ADDRESS:
518 Lora St

CITY: ZIP: COUNTY:
Neptune Beach 32266 Duval

NAME OF AGENCY:
City of Jacksonville

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
City Councilman District 7

CHECK IF THIS IS A FILING BY A CANDIDATE

PROCESSED

FLORIDA
 COMMISSION ON ETHICS

JUL 07 2021

RECEIVED

209101

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 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, 2020 was \$ 346,395.

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
DEPOSIT ACCOUNTS (FIRST FL CREDIT UNION)	\$ 121,782
REAL PROPERTY (11636 JERRY ADAM CT/JACKSONVILLE, FL 32218)	\$ 212,038
CLOSELY HELD BUSINESSES	\$ 60,000
AMERICAN ENTERPRISE - ALLY(10 AMERIPRISE FIN CNTR / MINNEAPOLIS, MN)	\$ 112,171

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TIAA/EVERBANK MTG (301 E BAY ST/ JACKSONVILLE, FL 32202)	\$ 157,910
FIRST FLORIDA CREDIT UNION (500 W 1ST ST / JACKSONVILLE, FL 32202)	\$ 11,686

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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
COMMUNITY REHAB CENTER	623 BEECHWOOD ST/JACKSONVILLE, FL	\$ 74,104
CITY OF JACKSONVILLE	117 W DUVAL ST / JACKSONVILLE, FL	\$ 49,177

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			
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

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 DUVAL

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 30TH day of

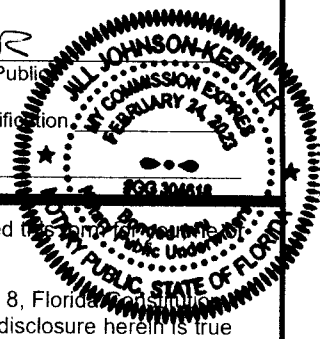
JUNE, 2021 by REGINALD J. GAFFNEY

(Signature of Notary Public--State of Florida)

JILL JOHNSON-KESTNER
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____



Reginald Gaffney
 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 the form, she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, 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

GAFFNEY

FORM 6 WORKSHEET

12/31/2020

ASSETS

HOUSEHOLD GOODS	\$ 10,000.00
DEPOSIT ACCTS	\$ 121,782.95
REAL PROPERTY	\$ 212,038.00
CLOSELY HELD BUSINESSES	\$ 60,000.00
AMERIPRISE INVESTMENTS/ALLY	\$ 112,171.92
	<u>\$ 515,992.87</u>

LIABILITIES

TIAA/ EVERBANK - 11636 JERRY ADAM CT	\$ (157,910.67)
FIRST FLORIDA CU	\$ (11,686.51)
	<u>\$ (169,597.18)</u>

NET WORTH A/O 12/31/19	\$ 346,395.69
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INCOME

CRC	\$ 74,103.95
COJ	\$ 49,177.32
	<u>\$ 123,281.27</u>