

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011**

Please print or type your name, mailing address, agency name, and position below:

**FINANCIAL INTERESTS**

COMMISSION ON ETHICS  
DATE RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME  
Love James Maurice

FOR OFFICE  
USE ONLY:

JUN 14 2012

MAILING ADDRESS:  
2730 College Street

ID Code

ID No.

241826

Conf. Code

P. Req. Code

CITY ZIP COUNTY  
Jacksonville 32205-7412 Duval

NAME OF AGENCY:  
Duval County

NAME OF OFFICE OR POSITION HELD OR SOUGHT  
City Council District 14

**PROCESSED**

CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2011, 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 6, 20 12 was \$ \$1,779,236

**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.

The aggregate value of my household goods and personal effects (described above) is \$ \$500,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Single family dwelling at 1740 Edgewood Ave S. Jacksonville FL 32205-8412	\$546,211
4 plex at 3603 Riverside Ave Jacksonville FL 32205	269,718
Single family dwelling at 5223 Clarendon Rd Jacksonville FL 32205	97,994
State Farm Mutual Funds (see attached list)	652,739
State Farm Bank, SFFCU, CenterState Bank & State Farm Life Insurance (see attached list)	191,507

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
State Farm Bank, F.S. B. 111 Corporate Office Dr. Suite 300 Earth City MO 63045	\$325,142
State Farm Bank, F.S. B. 111 Corporate Office Dr. Suite 300 Earth City MO 63045	98,309
Bank of America Consumer Loans PO Box 15220 Wilmington, DE 19886	33,370
Credit Cards (see attached list)	22,112

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 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
Jim Love State Farm Insurance Agency	2730 College St Jacksonville FL 32205-7412	424,402.
Jim Love 4-plex	3603 Riverside Ave Jax FL	18,578
City of Jacksonville City Council	117 W. Duval St. Suite 375 Jax FL 32202	21,189

**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 5]**

	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			

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**OATH**

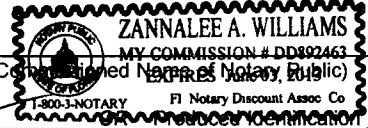
STATE OF FLORIDA  
 COUNTY OF DUVAL

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 8 day of

JUNE, 2012 by James M. Love

*Zannalee A. Williams*  
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Expires Notary Public)  
 Personally Known  

Type of Identification Produced FL DL

*James M. Love*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

State Farm Mutual Funds  
 PO Box 219548  
 Kansas City, MO 64121

State Farm Life Policies  
 One State Farm Plaza  
 Bloomington IL 61710

Values as of 6-6-2012

IRA [REDACTED]	\$449,884.11	Annuity [REDACTED]	\$27,133.85
College Savings [REDACTED]	\$2,396.12	Annuity [REDACTED]	716.85
Non IRA mutual fund [REDACTED]	\$11,729.37	LF-[REDACTED]	8690.63
Simple IRA**7643	\$188,729.37	LF-[REDACTED]	2875.25
Total	\$652,738.97	LF-[REDACTED]	3307.68
		LF-[REDACTED]	8862.64
		LF-[REDACTED]	4559.9
CenterState Bank 1234 King St Jax FL 32204		LF-[REDACTED]	7154.98
CenterState Bank [REDACTED]	\$12,945.52	LF-[REDACTED]	6723.91
CenterState Bank [REDACTED]	\$8,600.84	LF-[REDACTED]	3730.65
CenterState Bank [REDACTED]	\$17,238.11	Total Life Ins Value	\$73,756.34
CenterState Bank [REDACTED]	\$5,199.87		
CenterState Bank [REDACTED]	\$16,728.18		
Total	\$60,712.52		

State Farm FCU  
 7401 Cypress Gardens Blvd  
 Winter Haven FL 33888  
 \$20,583.78

State Farm Bank  
 PO Box 2316  
 Bloomington IL 61702

[REDACTED]	\$583.50
[REDACTED]	115.91
[REDACTED]	409.22
[REDACTED]	30647.79
[REDACTED]	4073.2
[REDACTED]	624.76
[REDACTED]	\$36,454.38

Credit Card balance	USAA	\$19,183
	10750 McDermott FWY	
	San Antonio TX	
	78288-0570	
	State Farm Bank	\$2,929
	PO Box 23025	
	Columbus GA 31902	
	Total credit card bal.	\$22,112



**OFFICE OF THE CITY COUNCIL**

June 08, 2012

117 WEST DUVAL STREET  
SUITE 425  
JACKSONVILLE, FLORIDA  
32202

**JIM LOVE**  
COUNCIL MEMBER, DISTRICT 14  
PHONE (904) 630-1390  
FAX (904) 630-2906  
E-MAIL: JIMLOVE@COJ.NET

Commission on Ethics  
P.O. Drawer 15709  
Tallahassee, FL 32312

Dear Commission on Ethics,

Enclosed is my Form 6 for 2011 with one extra page of data.

Thank you for work to keep our state government ethical.

Sincerely

A handwritten signature in cursive script that reads "Jim Love".

Jim Love  
City Council Member  
District 14  
Jacksonville FL