

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
GAFFNEY REGINALD LEON

MAILING ADDRESS:
5320 N. PEARL ST.

CITY : ZIP : COUNTY :
JACKSONVILLE 32208 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

**FLORIDA
COMMISSION ON ETHICS**
 JUL 03 2017
 RECEIVED
 209101
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 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, 20 16 was \$ 119,233.

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 FLORIDA CREDIT UNION)	\$ 39,597
REAL PROPERTY (11636 JERRY ADAM CT / JACKSONVILLE, FL 32218)	\$ 174,035
CLOSELY HELD BUSINESSES (SEE ATTACHED)	\$ 120,000
AMERICAN ENTERPRISE 10 AMERIPRISE FIN. CENTER/ MINNEAPOLIS, MN 55474	\$ 11,319

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
EVERBANK (EVERHOME MTG DIVISION) 301 W. BAY ST / JACKSONVILLE, FL	\$ 184,379
PNC (PNC MTG DIVISION) 7880 GATE PKWY / JACKSONVILL~E, FL	\$ 25,416
FIRST FLORIDA CREDIT UNION 500 W. 1ST ST. / JACKSONVILLE, FL	\$ 14,587
BB&T PO BOX 2467 / GREENVILLE, SC 29602	\$ 11,336

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2016 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 REHABILITATION CENTER, INC	623 BEECHWOOD ST / JACKSONVILLE, FL	\$ 95,503
CITY OF JACKSONVILLE	117 W. DUVAL ST / JACKSONVILLE, FL	\$ 42,653

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

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 30TH day of

JUNE, 2017 by REGINALD GAFNEY
 (Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification X

Type of Identification Produced FDL: G15D-732-58-283-0

Reginald Gafney
 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, _____, 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.

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

12/31/2016

ASSETS

HOUSEHOLD GOODS	\$ 10,000.00
DEPOSIT ACCTS	\$ 39,597.00
REAL PROPERTY	\$ 174,035.00
CLOSELY HELD BUSINESSES	\$ 120,000.00
AMERIPRISE INVESTMENTS	\$ 11,319.00
	<u>\$ 354,951.00</u>

LIABILITIES

EVERBANK - 11636 JERRY ADAM CT	\$(184,379.00)
PNC - 1845 DAYTONA LN	\$ (25,416.00)
FIRST FLORIDA CU	\$ (14,587.00)
BBT - 2ND 1845 DAYTONA LN	\$ (11,336.00)
	<u>\$(235,718.00)</u>

NET WORTH A/O 12/31/16

\$ 119,233.00



DRIVER LICENSE CLASS B

G150-732-58-283-0

HAROLD LEON
GAFFNEY
1105 JERRY ADAMS CT
JACKSONVILLE FL 32218-2660
DOB 05-03-1958 SEX M
ISSUED 05-27-2012 EXPIRES
05-01-2019

05-01-2019

**ETHICS COMPLIANCE AND
OVERSIGHT OFFICE**

CITY OF JACKSONVILLE



CARLA MILLER

DIRECTOR

**CITY HALL, ST. JAMES BUILDING
117 WEST DUVAL STREET, SUITE 450
JACKSONVILLE, FLORIDA 32202
ETHICS@COJ.NET**

June 12, 2017

City of Jacksonville, Florida

ETHICS TRAINING

AGENDA

Time	Topic	Presenter(s)
8:30 a.m. - 9:00 a.m.	Continental Breakfast	
9:00 a.m. - 9:10 a.m.	Welcoming Remarks/Overview	Jason Gabriel, General Counsel Lori Boyer, City Council President Carla Miller, Ethics Director
9:10 a.m. - 11:00 a.m.	Government Ethics	Virlindia Doss, Executive Director, Florida Commission on Ethics Carla Miller, Ethics Director
11:00 a.m. - 11:20 a.m.	Wrap Up/Questions	