FORM 6	FULL AND PUBLIC DISCL	OSURE	2017
Please print or type your name, mailing address, agency name, and position below:	OF FINANCIAL INTERE	ESTS FOI	R OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDE Wells, Row MAILING ADDRESS:	ADIT Murray		
CITY:	ZIP: COUNTY:		
NAME OF AGENCY:	32605 Alachua	2018 JUN	20 PM04:45
NAME OF OFFICE OR POSITION HELL COUNTY COM	ua County DORSOUGHT: Imissioner Dist 2		
CHECK IF THIS IS A FILING BY A CAN			
	PART A NET WORTH		
culated by subtracting your repo	net worth as of December 31, 2017 or a more orted liabilities from your reported assets, so p	olease see the instruc	
My net worth as of	<u>Nay 30</u> , 20 <u>18</u> was \$_	2,571,63	<del></del> .
following, if not held for investment particular furnishings; clothing; other household	PART B ASSETS AL EFFECTS: Its may be reported in a lump sum if their aggregate val purposes: jewelry; collections of stamps, guns, and nur items; and vehicles for personal use, whether owned or digoods and personal effects (described above) is \$	mismatic items; art objects	
ASSETS INDIVIDUALLY VALUED AT C DESCRIPTION OF AS	OVER \$1,000: SSET (specific description is required - see instructio	ons p.4)	VALUE OF ASSET
See Attacl	ned.		
	,		
LIABILITIES IN EXCESS OF \$1,000 (Se			AMOUNT OF LIABILITY
See Attached	Lo	New York Control of the Control of t	
		· · · · · · · · · · · · · · · · · · ·	
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS			AMOUNT OF LIABILITY
See Attache	do		
11010000			

Identify each accepts access		PART D -	INCOME	
copy of your 2017 federal incomattaching your returns, as the la	e tax return, including all W2	s, schedules, a	and attachments. Please redact any soc	sources of income. Or attach a complete cial security or account numbers before
			2's, schedules, and attachments. I need not complete the remainder of P	'art D.]
PRIMARY SOURCES OF INCO	ME (See instructions on pa	ge 5):		
NAME OF SOURCE OF INC			ADDRESS OF SOURCE OF INCOME	E AMOUNT
See AH	ached.			
			10 BANGA WARANG MARANG	
SECONDARY SOURCES OF IN	ICOME [Major customers of	ents, etc. of b	usinesses owned by reporting person	see instructions on page 51
NAME OF	NOTIVE [Major customers, climaters, climater		usinesses owned by reporting person: ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS'		OF SOURCE	ACTIVITY OF SOURCE
N/A				
P	ART E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions on	page 6]
1	BUSIŅESS ENTITY		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS	Harague Construction and Assistance of the Construction of the Con		MARKET - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ACTIVITY POSITION HELD	***			
WITH ENTITY I OWN MORE THAN A 5%				
INTEREST IN THE BUSINESS NATURE OF MY	And a finished with the second			
OWNERSHIP INTEREST				
			TRAINING	
			ics training pursuant to section	
	I CERTIFY THAT I H	AVE COM	DI PTP TIL DECIMENT	
OATH		somethic section in the	PLETED THE REQUIRED	FRAINING.
<b>O</b> A	<b>ATH</b>	STATE	E OF FLORIDA ALACJUA	FRAINING.
OA		STATE COUN	E OF FLORIDA	
	ears at the	STATE COUN	TY OF ALACHIA	
I, the person whose name app	ears at the ose on oath or affirmation	STATE COUN	TY OF ALACHIA	
I, the person whose name app	ears at the ose on oath or affirmation sclosed on this form	STATE COUN Sworn	TY OF ALACHIA	
I, the person whose name app beginning of this form, do depo and say that the information di	ears at the ose on oath or affirmation sclosed on this form	STATE COUN Sworn	to (or affirmed) and subscribed before	e me this day of
I, the person whose name app beginning of this form, do depo and say that the information di and any attackments hereto is	ears at the ose on oath or affirmation sclosed on this form	STATE COUN Sworn (Signa	to (or affirmed) and subscribed before	e me this $20$ day of $RANCOLF LDE//5$ .
I, the person whose name app beginning of this form, do depo and say that the information di and any attackments hereto is	ears at the ose on oath or affirmation sclosed on this form	STATE COUN Sworn (Signa	to (or affirmed) and subscribed before to (or affirmed) and subscribed before 20 18 by	a me this day of
I, the person whose name app beginning of this form, do depot and say that the information di and any attachments hereto is and complete.	ears at the ose on oath or affirmation sclosed on this form true, accurate,	STATE COUN Sworn (Signa (Print,	to (or affirmed) and subscribed before to (or affirmed) and subscribed before  , 20 by  ture of Notary Public-State of Florida)  Type, or Stamp Commissioned Name anally Known OR Prod	Notary Public State of Florida Maris Wills Terry My Commission GG 143501 Expires 11/11/2021
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I, the person whose name app beginning of this form, do depo and say that the information di and any attachments hereto is and complete.	ears at the ose on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE tlicensed under Chapter 47	STATE COUN Sworn (Signa (Print, Persor	to (or affirmed) and subscribed before to (or affirmed) and subscribed before  , 20 by  ture of Notary Public-State of Florida)  Type, or Stamp Commissioned Name anally Known OR Prod	Notary Public State of Florida  Waris Wills Terry  of Wary Phy Commission GG 143501  Expires 11/11/2021  Juced dentification
I, the person whose name app beginning of this form, do depot and say that the information di and any attackments hereto is and complete.  SIGNATURE OF REPORTING  If a certified public accountan she must complete the following.	ears at the ose on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE tlicensed under Chapter 47 ing statement:	STATE COUN Sworn (Signa (Print, Persor Type of 73, or attorney)	to (or affirmed) and subscribed before  to (or affirmed) and subscribed before  ture of Notary PublicState of Florida)  Type, or Stamp Commissioned Name  mally Known OR Prod  of Identification Produced  y in good standing with the Florida B  the CE Form 6 in accordance with A	Notary Public State of Florida  Maris Wills Terry My Commission GG 143501 Expires 11/11/2021 Star prepared this form for you, he or  Art. II, Sec. 8, Florida Constitution,
I, the person whose name app beginning of this form, do depot and say that the information di and any attackments hereto is and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following the complete of the public accountant she must complete the following the complete of the public accountant she must complete the following the complete of the complete o	ears at the ose on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE tlicensed under Chapter 47 ing statement:	STATE COUN Sworn (Signa (Print, Persor Type of 73, or attorney)	to (or affirmed) and subscribed before  to (or affirmed) and subscribed before  , 20 1 by	Notary Public State of Florida  Maris Wills Terry My Commission GG 143501 Expires 11/11/2021 Star prepared this form for you, he or  Art. II, Sec. 8, Florida Constitution,
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I, the person whose name app beginning of this form, do depot and say that the information di and any attackments hereto is and complete.  SIGNATURE OF REPORTING  If a certified public accountan she must complete the following l,	ears at the ose on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE tlicensed under Chapter 47 ing statement:  tutes, and the instructions to the control of the control o	STATE COUN Sworn  (Signa (Print, Persor Type of the form. Up	to (or affirmed) and subscribed before  to (or affirmed) and subscribed before  ture of Notary PublicState of Florida)  Type, or Stamp Commissioned Name  mally Known OR Prod  of Identification Produced  y in good standing with the Florida B  the CE Form 6 in accordance with A	Notary Public State of Florida  Notary Public State of Florida  Maris Wills Terry My Commission GG 143501 Expires 11/11/2021 duced Identification  Part. II, Sec. 8, Florida Constitution, belief, the disclosure herein is true

### Attachment (Page 1 of 2) to Form 6-Full and Public Disclosure of Financial Interests 2017

Randolf M. Wells, 1601 NW 39th Terrace, Gainesville, Florida 32605

## Part B-Assets

530 NE 10th Ave, Gainesville FL 32601, \$183,800 820 NE 5th Ave, Gainesville FL 32601, \$357,600 1102 NE 5th Ave, Gainesville FL 32601, \$122,900 1112 SE 7th Ave, Gainesville FL 32601, \$42,600 1601 NW 39th Terrace, Gainesville FL 32605, \$121,900 24065 W US HWY 27, High Springs FL 32643, \$156,100 1628 5th Street NW, Washington DC 20001, \$870,550 1701 6th Street NW, Washington DC 20001, \$474,350 1703 6th Street NW, Washington DC 20001, \$489,810 Thrift Savings Plan, \$196,350 Florida Retirement System, \$37,100 Merrill Edge IRA Accounts, \$18,400 Bank of America Accounts, \$9,000 Alliance Federal Credit Union Accounts, \$25,000

#### Part C-Liabilities

Wells Fargo Mortgages, \$142,035 LoanCare Mortgage, \$212,916 Library of Congress Federal Credit Union Home Equity Line of Credit, \$191,371 Barclay Mastercard, \$25,248 Citibank Mastercard, \$7,800 Capital One Visa, \$2,200

#### Attachment (Page 2 of 2) to Form 6-Full and Public Disclosure of Financial Interests 2017

Randolf M. Wells, 1601 NW 39th Terrace, Gainesville, Florida 32605

# Part D-Income Primary Sources of Income

Seth Hajbi

1701 6th Street NW Washington, DC 20001

\$29,520

\$19,800

Tong Tsu Lu 1703 6th Street NW Washington, DC 20001

Laura Denzer & Noam Perlmann 530 NE 10th Avenue Gainesville, FL 32601 \$16,800

Ricardo Hernandez 1628-B 5th Street NW Washington, DC 20001 \$14,400

Allison Ralph & Thomas Stephens 1701-Apt 6th Street NW Washington, DC 20001 \$12,658

Matthew Cima 1703-Apt 6th Street NW Washington, DC 20001 \$10,027.11

Noah Grabowitz & Cara Laskowski 1703-Apt 6th Street NW Washington, DC 20001 \$9,250

Andrew Nguyen 1628 5th Street NW Washington, DC 20001 \$7,200

Rebecca Palizza 1628 5th Street NW Washington DC 20001 \$7,200 Theodora Danylevich & Jack Abok 1701-Apt 6th Street NW Washington, DC 20001 \$7,100

Benjamin Dills 1628 5th Street NW Washington, DC 20001 \$6,600

Theron Guzoto 1628 5th Street NW Washington, DC 20001 \$5,400

Ann Marie Warren 1102 NE 5th Avenue Gainesville, FL 32601 \$4,880

Gainesville Housing Authority 1900 SE 4 Street Gainesville, FL 32641 \$3,890

Shaunita Wells 1112 SE 7th Avenue Gainesville, FL 32601 \$3,700

League of Environmental Educators in Florida, Inc. (LEEF) 2257 Craven Road Green Cove Springs, FL 32043 \$2,000

Jasmine Fang 1628 5th Street NW Washington, DC 20001 \$1,200