

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Uman Jon

MAILING ADDRESS:

604 NW 8TH Place

2018 MAY 02 AM 10:10

CITY:

ZIP:

COUNTY:

GAINESVILLE 32601 Alachua

NAME OF AGENCY:

Alachua County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Alachua County Judge, Group 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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 Dec 31, 20 17 was \$ 1,890,500.

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 \$ 196,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

See Attachment "A"

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Capital City Bank 1417 N MAIN ST GAINESVILLE, FL

19,000.00

BB-T Bank POB 580022, Charlotte, NC 28258

39,000.00

Chase Credit POB 15298, Wilmington, DE

8,200.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

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
See Attachment "A"		

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
UMAN LAW FIRM	FSRMF	2090 Summit Lake Dr Tallahassee, FL	INSURER
UMAN LAW FIRM	Jon Uman, Trustee	604 NW 5 Place	TRUSTEE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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

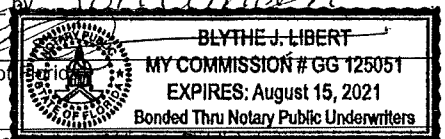
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 2 day of

May, 2018, by Jon Uman

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced Florida Drivers License

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 ☐

ATTACHMENT "A"

PART B- ASSETS

604 NW 8th Place, Gainesville, FL 32601	\$200,000
35 Coquina Avenue, St. Augustine, FL 32080	\$250,000
2932 SW 68th Lane, Gainesville, FL 32080	\$670,000
Bank Accounts (Capital City Bank)	\$10,000
Stocks and Bonds (Charles Schwab)	\$170,000
SEP IRA (Charles Schwab)	\$350,000
Roth IRA (T Rowe Price)	\$4,144
Roth IRA (Fidelity)	\$5,600
Promissory Note and Mortgage (Owed by Robin Bunnell)	\$100,000
Life Insurance Cash Value (Northwest Mutual)	\$15,000

PART D- INCOME

Uman Law Firm, LLC	604 NW 8th Place, Gainesville, FL 32601	\$133,198
Robin Bunnell (Mortgage Int.)	107 Zoratoa Ave., St. Aug., 32080	\$4,365
Schwab (Dividends)	265 E. River Park Circle, Fresno, CA	\$3,364
Schwab (Capital Gains)	265 E. River Park Circle, Fresno, CA	\$3,000
ClearCapture (Rent)	604 NW 8th Place, Gainesville, FL 32601	\$3,960
So. Realty	201 Owens Ave, St Aug, FL 32080	\$10,260

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