

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- ☒ Candidate with party affiliation
☐ Candidate with no party affiliation
☐ Write-in candidate

RECEIVED

DEC 27 2018

DUVAL COUNTY ELEC.
By SS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Ron Salem
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of City Council at Large, _____, _____
(Office) (District #) (Circuit #)
Group 2; I am a qualified elector of Duval County, Florida; I am qualified
(Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 103652347

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Ron@RonSalem.com

Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 27th
day of December, 2018.

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____

LANA G. SELF
Notary Public, State of Florida
My Comm. Expires 07/29/21
Commission No. GG102927

RON SALEM CAMPAIGN ACCOUNT
CITY COUNCIL AT LARGE GROUP 2
7886 TIMBERLIN PARK BLVD
JACKSONVILLE, FL 32256

1021

12/27/18

Date

Pay to the
Order of

Supervisor of Elections

\$ 2978.16

Dollars

Two thousand nine hundred seventy eight and 16/100

Security
Deposit
Box

WELLS
FARGO
Wells Fargo Bank, N.A.
Fitch
wellsfargo.com

For

quality in

MP

FORM 6

FULL AND PUBLIC DISCLOSURE

2018

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:

R. Salem Ronald Baden

MAILING ADDRESS:

3935 Buckskin Trail East

JFK Fla 32277

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

City Council Group 2 At Large

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE



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By JS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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 11/27, 20 18 was \$ 2,347,327.20.

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 \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

see attachment

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

0

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
Phar Merica	7970 Bayberry Rd #4	\$163,000
Sale & Associate	3935 Buckskin Tr. E	\$71,000

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
See attached			

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

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 27th day of December, 2018, by Ronald Salem

(Signature of Notary Public--State of Florida) LANA G. SELF

Notary Public, State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public) McConn Expires 07/29/21

Commission No. GG102927

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

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 ☒

Intrepid Capital- \$143,095.47

- Intrepid Disciplined Value Fund \$43,276.48
- Intrepid Income Fund \$66,081.07
- Intrepid International Fund \$15,814.67
- Intrepid Select Fund \$17,923.25

Fidelity 401K- \$758,224.26

- Pimco Total Return \$323,436.63
- Fidelity Diversified International \$124,161.47
- Hartford Midcap \$83,149.40
- Fidelity Growth \$75,338.65
- Fidelity 500 Index \$73,802.53
- Victory Sycamore Value \$39,002.90
- Fidelity Global Exus \$38,906.47
- MFS Value Fund \$426.13
- Brokeragelink \$0.08

Fidelity Individual Account- \$51,869.34

- Cash \$462.01
- Amerisource Berger \$51,407.32

Fidelity SEP IRA- \$278,466.40

- Intrepid Capital Fund \$137,436.10
- Intrepid International Fund \$63,536.75
- Intrepid Select Fund \$77,493.55

Fidelity ROTH IRA- \$176,530.45

- Intrepid Capital Fund \$133,865.02
- Intrepid Disciplined Fund \$15,187.42
- Intrepid International Fund \$18,556.52
- Intrepid Select Fund \$8,921.49

Betterment Account- \$79,394.61

- Vanguard U.S. Stock Market \$10,329.81
- Vanguard Value Large Cap \$8,617.87
- Vanguard Value Mid Cap \$3,977.22
- Vanguard Value Small Cap \$3,362.36
- Vanguard International D.M. \$16,985.95
- Vanguard International E.M. \$9,086.17
- Vanguard Municipal Bonds \$13,741.25
- Vanguard Investment Grade Corporate Bonds \$1,255.99
- Vanguard International Developed Market Bonds \$7,339.61
- Vanguard International Emerging Market Bonds \$4,698.38

Mercer HSA- \$31,350.05

- Pimca Total Return \$6,374.00
- Vanguard Small Cap \$3,079.37
- Vanguard 500 Index \$9,348.40
- Vanguard Mid Cap \$6,304.33
- Vanguard Small Cap \$6,243.95

Wells Fargo Business Checking- \$8,761.90

Wells Fargo Checking- \$135,535.02

JWB Real Estate- \$100,000.00

Home (3935 Buckskin Trail E Jax, FL)- \$196,000

American Express Money Market- \$288,099.99

TIAA Certificate of Deposit- \$100,000.00

Secondary Sources of Income: Salem & Associates

1. ANUCO RX
 - a. 4371 Northlake Blvd #200 Palm Beach Gardens, FL 33410
 - b. Consulting Services
2. Riverside Park Surgery Center
 - a. 2001 College St. Jacksonville, FL 32204
 - b. Surgery Center
3. North Florida Treatment Center
 - a. 6639 Southpoint Pkwy #108 Jacksonville, FL 32216
 - b. Drug Treatment
4. Lakeview Health Systems
 - a. 1900 Corporate Square Blvd. Jacksonville, FL 32216
 - b. Drug Treatment
5. Stepping Stone Center for Recovery
 - a. 1815 Corporate Square Blvd. Jacksonville, FL 32216
 - b. Drug Treatment