

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

Check applicable one:

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

RECEIVED

JAN 08 2019

DUVAL COUNTY ELEC.
By BB

OFFICE USE ONLY

Candidate Oath

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

I, Bill Bishop

(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, 1, _____,
(Office) (District #) (Circuit #)

_____ ; 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): 103673228

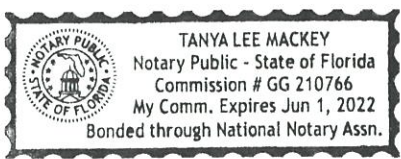
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

| | | |
|------------------------|------------------|---------------------------|
| X _____ | (904) 463-3396 | wbishop@alsarchitects.com |
| Signature of Candidate | Telephone Number | Email Address |
| 246 Noble Circle West | Jacksonville | Florida 32211 |
| Address | City | 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 7th
day of January, 2019.
Personally Known: _____ or Produced Identification: X
Type of Identification Produced: FL Drivers License



GREEN SECURELINK CHAIN AND GREEN DIAMOND DISAPPEAR WHEN COPIED HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

1016

BILL BISHOP FOR CITY COUNCIL

704 ROSSELLE ST
JACKSONVILLE, FL 32204

DATE Jan 7, 2019

64-60/611

PAY TO THE ORDER OF

Supervisor of Elections

\$ 2,978.16

TWO THOUSAND NINE HUNDRED SEVENTY EIGHT & 16/100

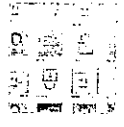
DOLLARS



SYNOVUS BANK

a division of SYNOVUS BANK

FOR QUIRYING FEE



Details on back Security Features

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Bishop William Henry III

MAILING ADDRESS:

246 Noble Circle West

CITY :

Jacksonville

ZIP :

32211

COUNTY :

Duval

NAME OF AGENCY :

City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Council Member, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

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DUVAL COUNTY ELEC.

By BS

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 December 31, 20 18 was \$ 703,890.

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 attached form. | \$881,800 |
| | |
| | |
| | |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|-------------------------------------------------------|---------------------|
| Chase; PO Box 182613, Columbus, OH 43218 | \$79,460 |
| Wells Fargo; 803 Lomax Street, Jacksonville, FL 32204 | \$148,450 |
| | |
| | |

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 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 |
|--------------------------------------------|------------------------------------|----------|
| Akel Logan Shafer, PA | 704 Rosselle Street, Jax, FL 32204 | \$50,000 |
| | | |

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 form. | | | |
| | | | |

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 7th day of January, 2019 by William H. Bishop III

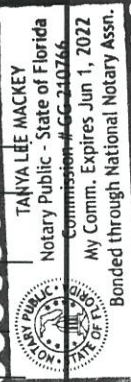
[Redacted Name] (a)

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

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL Drivers License

[Redacted Signature]
 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

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

William H. Bishop, III; Candidate for Jacksonville City Council, District 1

Part B – Assets

| | | |
|----|----------------------------------------------------------|------------|
| 1. | Residence; 246 Noble Circle West, Jacksonville, FL 32211 | \$ 300,000 |
| 2. | Vanguard IRA | 433,200 |
| 3. | Pacific Life annuity | 4,100 |
| 4. | Charles Schwab 401k account | 10,000 |
| 5. | 50% interest in Akel, Logan, Shafer, PA | 125,000 |
| 6. | Bank accounts – Wachovia Bank, NA | 9,500 |
| 7. | Total | \$ 881,800 |

Part D – Income

Secondary Sources of Income

| <u>Name of Business Entity</u> | <u>Name of Major Sources of Business' Income</u> | <u>Address of Source</u> | <u>Principle Business Activity of Source</u> |
|--------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. Akel, Logan, Shafer, PA | United States Postal Service | SM Facilities Construction CMC 475 L'Enfant Plaza, Rm 1246 Washington, DC 20260-6201 | Mail delivery |
| | Flagler County School Board | 1769 East Moody Boulevard Building 2 Bunnell, Florida 32110 | Education |
| | Baker County School Board | 293 South Blvd. East Macclenny, Florida 32063 | Education |
| | State of Florida, Department Of Military Affairs | Robert F. Ensslin Jr. Armory 2305 State Road 207 St. Augustine, FL 32086 | Florida Army National Guard |