CANDIDATE	OATH -					
STATE AND LOCAL P	ARTISAN OFFICE	RECEIVED				
Check applicable one:		64		and the second se		
Candidate with party affiliation			JAN 1 0 2019			
Candidate with no part	y affiliation	DUVAL COUNTY ELEC. By35				
Write-in candidate		~y.				
				OFFICE USE ONLY		
		late Oath)(a), Florida Statutes)				
I, Lenny Curry	(000001 00.021(
(Print name above as you w	ish it to appear on the ballot.					
	ee page 2 - Compound Last te's name is not printed on th					
am a candidate for the office of	Mayor	,	1			
	(Offi	ce)	(District #)	(Circuit #)		
	lified elector of Duval		County, Florida; I am	n qualified		
(Group or Seat #) under the Constitution and the La	aws of Florida to hold the offic	e to which I desire to be n	ominated 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 wh	ich I am required to resign p	ursuant to Section 99.012	, Florida Statutes; and	d I will support the		
Constitution of the United States	and the Constitution of the S	tate of Florida.				
Statement of Party (Section 99.021(1)(b), Florida Statutes)						
(Complete Statement of Party on			v candidate.)			
(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 beg			-			
the assessment levied against m	e, if any, as a candidate for sa	aid office by the executive	committee of the politi	cal party, of which		
I am a member.						
Candidate's Florida Voter Registration Number (located on your voter information card): 110751778						
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 instruct	ons on page 2 of this form): [Not applicable to wi	rite-in candidates.]		
X	(₉₀₄) ₆₀₇₋₃₀₈₉	lenny	/@votelennycurry.	com		
Signature	Telephone Number		Email Address			
1405 No	Jacksonville _{City}	Florida	32207			
STATE OF FLORIDA						
COUNTY OF Dwal		Signature of Notary		Public below:		
Swern to (or offirmed) and subscribed before me this 101						
day of <u>January</u> , 20 <u>19</u> . Notary Public State of Florida My Commission GG 281100						
Personally Known: or Prod		or not Exp	bires 09/23/2022	≩		
Type of Identification Produced:			********	•		

DS-DE 301SL (Rev. 11/17)



FORM 6 FULL AND PUBLIC DISCL	OSURE	2018
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERI	ESTS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		
Curry, Leonard Boyd MAILING ADDRESS:		
1405 Northwood Road	REC	
	B 🛝 Bronn 🥪 G	ezan de V. Serma bard
CITY : ZIP : COUNTY :	JAN 1	0 2019
Jacksonville, Florida 32207 Duval	DUVAL COL	
NAME OF AGENCY :	Ву	(3B
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Mayor		
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, 2018 or a more culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so p		
My net worth as of <u>December 31</u> , 20 <u>18</u> was \$	1,645,896.52	·
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nur furnishings; clothing; other household items; and vehicles for personal use, whether owned or	mismatic items; art objects;	ategory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is \$	0,000.00	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction		VALUE OF ASSET
1405 Northwood Road, Jacksonville, FL 32207		\$850,000.00
ICX Group, Inc.		\$250,000.00
ICX Managed Services	1	\$500,000.00
Additional - please see attached		\$265,672.52
PART C LIABILITIES	an a	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		
Mortgage-Hancock Whitney Bank PO Box 660592 Dallas TX 7526	6-0592	\$509,776.00
	.0.0002	4303,770.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
CE CORM 6 Effective January 1 2019		

		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 m [If you check this box and	y 2018 federal income tax re d attach a copy of your 2018	turn and all W2 tax return, you	's, schedules, and attachments. need not complete the remainder of	Part D.]		
PRIMARY SOURCES OF INCO	ME (See instructions on pa	ige 5):				
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM		AMO	
City of Jacksonville		117 W. Duval St. Jacksonville, FL			\$168,176.88	
ICX Manages Services (distribution)		8324 Baymeadows Way #104 Jacksonville			\$30,000.00	
SECONDARY SOURCES OF IN	COME [Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-	see instructio	ons on page 5]:	
NAME OF NAME OF MAJOR SC BUSINESS ENTITY OF BUSINESS' INC			SOURCES ADDRESS P		PRINCIPAL BUSINESS	
PA	ART E INTERESTS II	N SPECIFIEI	D BUSINESSES [Instructions of	n page 6]		
	BUSINESS ENTITY		BUSINESS ENTITY # 2		NESS 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						
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST				1		
NATURE OF MY		PADTET	DAINING			
NATURE OF MY OWNERSHIP INTEREST	s required to complete	PART F - T annual ethic		112 3142	FS	
NATURE OF MY OWNERSHIP INTEREST		annual ethic	RAINING cs training pursuant to section			
NATURE OF MY OWNERSHIP INTEREST For officer		annual ethio AVE COMF STATE	CS training pursuant to section			
NATURE OF MY OWNERSHIP INTEREST For officer	CERTIFY THAT I H	annual ethic AVE COMF STATE COUNT	CS training pursuant to section PLETED THE REQUIRED OF FLORIDA Y OF D wal	TRAINING	3. 	Florida 51100
NATURE OF MY OWNERSHIP INTEREST For officer	CERTIFY THAT I H TH ars at the	annual ethic AVE COMF STATE COUNT Sworn t	o (or affirmed) and subscribed before	TRAINING	3. ○ [↑] / day of	te of Florida ag 5G 281100
NATURE OF MY OWNERSHIP INTEREST For officer I I I I, the person whose name appe	CERTIFY THAT I H TH ars at the se on oath or affirmation	annual ethic AVE COMF STATE COUNT Sworn t	CS training pursuant to section PLETED THE REQUIRED OF FLORIDA Y OF D wal	TRAINING	3. ○ [↑] / day of	State State on GG
NATURE OF MY OWNERSHIP INTEREST For officer I I I I I I I I, the person whose name appe beginning of this form, do depose	CERTIFY THAT I H TH ars at the se on oath or affirmation closed on this form	annual ethic AVE COMF STATE COUNT Sworn t	cs training pursuant to section PLETED THE REQUIRED OF FLORIDA OF $Dwal$ to (or affirmed) and subscribed before ward, 20 lg by lg	e me thisi	3. ○ [↑] / day of	Public State of Florida 1 L. Conway mmission GG 281100
NATURE OF MY OWNERSHIP INTEREST For officer I I I I I I I I, the person whose name appe beginning of this form, do depose and say that the information disc	CERTIFY THAT I H TH ars at the se on oath or affirmation closed on this form	annual ethic AVE COMF STATE COUNT Sworn t	of FLORIDA Dwal	e me this <u>l</u>	3. ○ [↑] / day of	State State on GG
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NATURE OF MY OWNERSHIP INTEREST For officer I OA I, the person whose name appe beginning of this form, do depos and say that the information disc and any attachments hereto is the and complete If a certified public accountant is she must complete the followin I, TAMMA	CERTIFY THAT I H TH ars at the se on oath or affirmation closed on this form rue, accurate, DFFICIAL OR CANDIDATE icensed under Chapter 47 g statement: g statement:	annual ethic AVE COMF STATE COUNT Sworn t Sworn t State (Signatt (Signatt (Print, T Persona Type of 3, or attorney f	CS training pursuant to section PLETED THE REQUIRED OF FLORIDA Y OF D	e me this e me this e mn / Cu d f Notary Put duced Identific Bar prepared f	day of dr d	when the state of
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Lenny Curry - Apprendix A

Part B - Assets

Wells Fargo, Cash	\$65,855.14
Bank of America, Cash	\$3,888.83
UBS Bank USA Dep Acct (IRA)	\$10,851.63
UBS Bank USA Dep Acct	\$381.70
Blair William Small Mid Cap Growth I	\$2,889.15
Clearbridge Large Cap Growth Fund Class I	\$5,726.44
Columbia Dividend Income Fund Class Institutional	\$5,198.32
Delaware Emerging Mkts Funds Institutional Class	\$2,231.03
Harding Loevner International Equity Fund	\$3,011.70
Nuveen Small Cap Value Fund I	\$1,371.27
Pear Tree Polaris Foreign Value Fund Instl	\$3,109.08
Virtus Kar Small-Cap Core Fund Class I	\$1,531.98
Wells Fargo Special Mid Cap Value Fund Class Inst	\$2,952.36
Calamos Market Neutral Income Fund Class I	\$1,768.03
Catalyst/Millburn Hedge Strategy Fund Class I	\$1,769.90
529 Account-Boyd	\$61,438.45
529 Account-Brooke	\$21,297.62
529 Account-Bridget	\$11,684.84
Florida Prepaid Plan Account-Boyd	\$17,410.51
Florida Prepaid Plan Account-Brooke	\$18,257.01
Florida Prepaid Plan Account-Bridget	\$23,047.53

\$265,672.52