

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

Check applicable one:

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

RECEIVED

JAN 04 2019

DUVAL COUNTY ELEC.
By LL

OFFICE USE ONLY

Candidate Oath

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

I, REGINALD K. BLOUNT

(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, 10,
(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): 103 810 751

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.]

753-9588

reginaldblount2019@gmail.com

Phone Number

Email Address

5501 Westconnett, Blvd

Jacksonville

Florida

32244

Address

City

ZIP Code

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to (or affirmed) and subscribed before me this 4th
day of January, 2019.

Personally Known: X or Produced Identification:

Type of Identification Produced:

Signature of Notary Public

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

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

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

BLOUNT, REGINALD K.

MAILING ADDRESS:

5501 WESTCONNETT BLVD. #7057

CITY :
JACKSONVILLEZIP :
32244COUNTY :
DUVAL

NAME OF AGENCY :

REGINALD BLOUNT FOR CITY COUNCIL CAMPAIGN 2019

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY COUNCIL DISTRICT 10

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DUVAL COUNTY ELEC.
By SSCHECK 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 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, 20 18 was \$ 246,750.81.**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 \$ 72,504.81**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
FRS-HA Pension, Florida State College Jacksonville	1,114.81
Personal housing items: Furniture, Equipment, Clothing, Cameras, Valuables	64,000.00
Automobile (purchased and paid for), 1998 Ford Ranger,	4,000
Automobile (purchased and paid for), 2006 Pontiac Torrent	3,990

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regional Acceptance Corp. PO Box 83091, Birmingham, AL 35283	12,446.00
Capital One, PO Box 60511, City Of Industry, CA 91716	3,542.00
Navy Federal Credit Union, 6100 Collins Road, Jacksonville, FL 32210	5,548.00
Resident Property (Owner), 2820 Beringer Dr Fayetteville, NC 28306	215,236.00

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
US Army Retirement and Disability	DEFAS, 8899 E 56th St. Indianapolis, IN	87,288.00
Florida State College Jacksonville	601 W State St. Jacksonville, FL 32202	43,656.00

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

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 4th day of

January 19 2021 Reginald K. Blount

(Signature of Notary Public - State of Florida)

LANA G. SELF

Notary Public, State of Florida

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

My Comm. Expires 07/29/21

Personally Known X OR Produced Identification Commission No. GG102927

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 ☒

REGINALD K. BLOUNT

Liabilities

BALANCE DUE ON DEBTS

Credit Cards	\$11,000.00
Mortgages	\$1,240.00
Home-Equity Loans	\$0.00
Auto Loans	\$15,970.00
Student Loans	\$0.00
Other Loans/Debts	\$11,200.00

BILLS DUE

Household Utilities	\$1,580.00
Taxes Due	\$0.00

Your Net Worth

\$246,750.81

Total Assets: \$287,740.81

Total Liabilities: -\$40,990

CLEAR FORM/START OVER

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Assets

CASH

Checking Accounts	\$0.00
Savings Accounts	\$0.00
CDs	\$0.00
Savings Bonds	\$0.00
Other/Under the Mattress	\$0.00

RETIREMENT SAVINGS

IRAs	\$0.00	
401(k)s	\$0.00	
Keogh Accounts	\$0.00	
Pensions	\$0.00	
Only the amount you could withdraw in cash today	Other	\$0.00

OTHER INVESTMENTS / BROKERAGE ACCOUNTS

Stocks	\$0.00
Bonds	\$0.00
Mutual Funds	\$0.00
Other	\$0.00

VALUE OF BUSINESSES YOU OWN	\$0.00
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LIFE INSURANCE / ANNUITIES

Cash Value of Life Insurance	\$0.00
Surrender Value of Annuities	\$0.00

CURRENT MARKET VALUE OF HOME(S)

Primary Residence	\$215,236.00
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