CANDIDATE OATH -RECEIVED STATE AND LOCAL PARTISAN OFFICE Check applicable one: JAN 02 2019 Candidate with party affiliation DUVAL COUNTY ELEC. Candidate with no party affiliation ☐ Write-in candidate OFFICE USE ONLY Candidate Oath (Section 99.021(1)(a), Florida Statutes) Scott Wilson (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.) City Council am a candidate for the office of (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): 103331334 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.] (904) 626-0942 swilson004@gmail.com Telephone Number **Email Address** Jacksonville Florida 32216 2436 Parental Home Road City ZIP Code STATE OF FLORIDA Signature of Notary Public COUNTY OF Duval Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me this 2nd LANA G. SELF day of January , 20 19. Notary Public, State of Florida My Comm. Expires 07/29/21 Personally Known: X or Produced Identification: Commission No. GG102927 Type of Identification Produced:

FORM 6	FULL AND PUBLIC DISCLOSURE			2018		
			FOR	OFFICE USE ONLY:		
address, agency name, and position below: LAST NAME — FIRST NAME — MIDDLE NAME: WILSON Scott Alan MAILING ADDRESS: 2436 Parental Home Road Tacksonville 32216 Dyval CITY: ZIP: COUNTY:				JAN 02 2019 VAL COUNTY ELEC.		
	THE PART A STREET STATES					
culated by subtracting your repo	PART A NET WORTH net worth as of December 31, 2018 or a more orted liabilities from your reported assets, so p	lease see th	e instructio	ons on page 3.]		
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 \$						
DESCRIPTION OF AS		VALUE OF ASSET				
House: 2436 larental Investments: Asset		133,000 ° 74,335 ° €				
., .						
	PART C LIABILITIES					
LIABILITIES IN EXCESS OF \$1,000 (SO NAME AND ADDRESS			ı	AMOUNT OF LIABILITY		
My CU Mortgage 121 Francial CU Vy Star CU	P. D Box 341344 Beavercre 701 Riverside Park Pl. Jax 1539 Blanding Blvd. Jax, 9	ek, Oh F1. 32	45434 2204 -210	66,000 9 16775 9 9216		
JOINT AND SEVERAL LIABILITIES NO			L			
NAME AND ADDRESS	3 OF CREDITOR	<u></u>		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 2 [If you check this box and a						D.]			
PRIMARY SOURCES OF INCOMI	E (See instructions on pa	ige 5):				nt-1.			
NAME OF SOURCE OF INCOME EXCEEDING \$1,000			ADDRESS OF SC	URCE OF I	NCOME	-	AMOUNT		
City of Tacksonville		117 4	17 West Owalst Jax, Fl. 49,00						
City of Jacksonvilla	e retirement	117 W	est Ouval	154	Jax,	PI.	30,000		
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:									
NAME OF NAME OF MAJOR SOU BUSINESS ENTITY OF BUSINESS' INCO							PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]									
	BUSINESS ENTITY		BUSINESS EN				ESS ENTITY # 3		
NAME OF BUSINESS ENTITY									
ADDRESS OF BUSINESS ENTITY		1 5 4 5							
PRINCIPAL BUSINESS ACTIVITY				i-	5				
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST					1424				
		PART F -	TRAINING						
For officers	required to complete			suant to s	ection 11	12.3142, 1	F.S.		
	CERTIFY THAT I H								
OATH			STATE OF FLORIDA Duval						
I, the person whose name appears at the		Sworn	Sworn to (or affirmed) and subscribed before me this 2nd day of						
beginning of this form, do depose on oath or affirmation			January , 2019 by Scott Wilson						
and say that the information discl	osed on this form	247	Saptation () 20 11 By Seek Contract						
and any attachments hereto is true, accurate,		(Signal	(Signature of Notary PublicState of Florida)						
and complete.		, ,	Notary Public, State of Florida My Comm. Expires 07/29/21						
		(Print,	(Print, Type, or Stamp Commissioned Name of Notarynfissitin)No. GG102927						
		Person	ally KnownX_	OR	Produce	ed Identifica	tion		
SIGNATURE OF REFORMING O	FICIAL OR CANDIDATE	Туре о	f Identification Prod	duced					
If a certified public accountant lic	censed under Chapter 47	73. or attorney	in good standing	with the Flo	orida Bar ı	prepared th	nis form for you, he or		
she must complete the following			1 510	1					
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	2								
800					1-	2-2	219		
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									