CANDIDATE OATH -			
STATE AND LOCAL PARTISAN OFFICE			
Check applicable one:	RECEIVED		
Candidate with party affiliation	JAN 0 9 2019		
Candidate with no party affiliation	DUVAL COUNTY ELEC.		
☐ Write-in candidate	By		
Candid	office use only		
(Section 99.021(*	I)(a), Florida Statutes)		
hyphen, check box 🔲. (See page 2 - Compound Last	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying, the ballot, the name must be printed above for oath purposes.)		
(Offi	ce) (District #) (Circuit #)		
; I am a qualified elector of \tag{VW}	County, Florida; I am qualified		
(Group or Seat #) under the Constitution and the Laws of Florida to hold the office	ce to which I desire to be nominated or elected; I have qualified for		
	any part thereof runs concurrent with the office I seek; and I have		
resigned from any office from which I am required to resign p	ursuant to Section 99.012, Florida Statutes; and I will support the		
Constitution of the United States and the Constitution of the S	tate of Florida.		
	ent of Party ()(b), Florida Statutes)		
(Complete Statement of Party only if you are seeking to qualit	y for nomination as a party candidate.)		
I am a member of the	Party; I have not been a registered member of any other political		
party for 365 days before the beginning of qualifying preceding	g the general election for which I seek to qualify; and I have paid		
	aid 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): 103398374		
	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]		
(904) 450-21	144. nikibrunson@outlook.com		
Signature of Candidate Telephone Number	Email Address		
1918 N Liberry Street Jacksonville Address City	Flovida 32206 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 9 th	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:	_		

Campaign of Niki Brunson-904-450-2144 1918 N Liberty Street Jacksonville, PL 32206	01/02/2019
Charles of Supervisor of Elections One Thousand Nine Hundred Eighty-Five and 40	DATE <u>01/01/2019</u> \$ 1985.44.
Ameris Bank.	DOLLARS 1 Security Construction of the Constru
FOR Filing Fee-CC Atlange Group 5.	MP

FORM 6 FULL AND PUBLIC DISCLO	2018	
Please print or type your name, mailing address, agency name, and position below:	STS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: BYUN500 NIKI N	-	
MAILING ADDRESS: 1918 N Liberty Street		
Jacksonville	RECE	WED.
Jacksonville 32206 Duya)		
NAME OF AGENCY:	JAN 09 DUVAL COUNT	TY ELEC.
NAME OF OPFICE OR POSITION HELD OR SOUGHT:	By (5/2	There have have a
CHECK IF THIS IS A PILING 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 reported liabilities from your reported assets, so ple		
		ons on page 5.]
My net worth as of December 31, 2018 was \$	199, 400.00	to decid
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and numis furnishings; clothing; other household items; and vehicles for personal use, whether owned or lead	smatic items; art objects;	
The aggregate value of my household goods and personal effects (described above) is \$	00000	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions)		VALUE OF ASSET
Storage Shed.		890000
6836 Champlain Road (32208		165,000,00
658 SW Range avenue (32340)		21,000,00
TANKA G. S. ELLF		
PART C LIABILITIES)
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	- 4	AMOUNT OF LIABILITY
City Financial		89000.
J		
TOWER AND DEVERAL LIABILITIES NOT REPORTED ABOVE.		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY

		PART D -	- INCOME			
Identify each separate source and copy of your 2018 federal income attaching your returns, as the law	tax return, including all Wa	s, schedules, a	during the year, including secondary and attachments. Please redact any s e Commission's website.	y sources of incor social security or	ne. Or attach a complete account numbers before	
			es, schedules, and attachments. need not complete the remainder of	Part D.]		
PRIMARY SOURCES OF INCOM	ME (See instructions on pa	age 5):				
NAME OF SOURCE OF INCO	ME OF SOURCE OF INCOME EXCEEDING \$1,000 ADDRESS OF SOURCE OF INCOME			ME	AMOUNT	
Income from prop	<u>erty</u>	14903 R	4903 Rhode Sland Dr		2700°	
, , ,)					
SECONDARY SOURCES OF INC	COME [Major customers, cl	ients, etc., of bu	usinesses owned by reporting person	see instruction	s on page 5]:	
NAME OF	NAME OF MAJO		ADDRESS	, P	RINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS	' INCOME	OF SOURCE	A	CTIVITY OF SOURCE	
***			****			
PA	RT E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions of	n page 6]		
<u></u>	BUSINESS ENTITY		BUSINESS ENTITY # 2		ESS 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	s required to complete	e annual ethi	ics training pursuant to section	on 112.3142,	F.S.	
•			PLETED THE REQUIRED			
QA	TU		OF FLORIDA			
		COUN	to (or affirmed) and subscribed befo	a.	th	
I, the person whose name appe	· .					
beginning of this form, do depos		Jar	nuary .2019 by 1	<u>Viki Bru</u>	<u> 11501 </u>	
and say that the information disclosed on this form and any attachments hereto is true, accurate,						
and complete.	rue, accurate,	(Signat	ture of Notary PublicState of Florid	LANA U. SI	,	
and complete.		/Deint	No Type, or Stamp Commissioned Na l v	tary Public, Stat		
		•		ommission No. (oduced Identifica		
		Person	nally Known X OR Pro	oduced Identifica	tion	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATI	Туре о	f Identification Produced			
		73, or attorney	in good standing with the Florida	Bar prepared t	nis 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.						
TE ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						