

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

Check applicable one:

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

RECEIVED

JAN 07 2019

DUVAL COUNTY ELEC.
By BB

OFFICE USE ONLY

Candidate Oath

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

I, AARON BOWMAN
(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, 3, _____,
(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): 118652700

_____ nt name phonetically on the line below as you wish it to be pronounced on the audio capabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

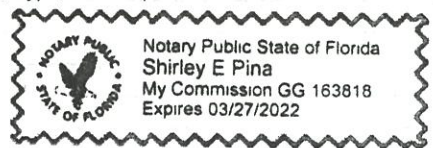
_____ (904) 629-2829 albowman4cc@gmail.com
Telephone Number Email Address

1321 WINDSOR HARBOR DR JACKSONVILLE FL 32225
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: _____
Type of Identification Produced: _____



AARON L BOWMAN
DAVID R PINTER
1321 WINDSOR HARBOR DR
JACKSONVILLE, FL 32225-2645

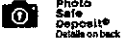
7 JAN 2019
Date

Pay to the
Order of

Supervisor of ELECTIONS

\$ 2978.16

Two thousand nine hundred seventy eight and 16/100 Dollars



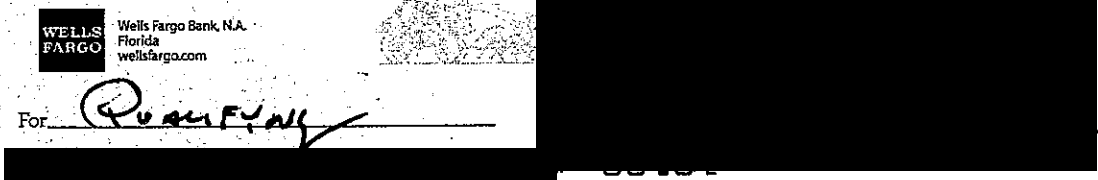
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Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For

PO [Signature]



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Bowman, Aaron Leroy

MAILING ADDRESS:
1321 Windsor Harbor Drive

CITY: **Jacksonville** ZIP: **32225** COUNTY: **Duval**

NAME OF AGENCY:
Jacksonville City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
City Councilmember District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 31 Dec, 20 18 was \$ 2,007,712.

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 \$ 271,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence, 1321 Windsor Harbor Drive	1,221,930
2011 Mercedes C300	10,500
2013 Mercedes ML350	22,000
2015 Mercedes CLS400	35,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo, P.O. Box 1444 Des Moines, IA 50306	547,000
BOA, P.O. Box 600-02-26, Jacksonville, FL 32232	38,390

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
Jacksonville Chamber of Commerce	3 Independent Drive, Jax, FL 32202	149,250
Navy Retirement	E 56th St Indianapolis, IN 46224	88,402

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 correct.

STATE OF FLORIDA
 COUNTY OF DUVAL

Sworn to (or affirmed) and subscribed before me this 7th day of JANUARY, 2019 by ANON BOYMAN

[Redacted Signature]

(Print, Type, or Stamp Commissioned Notary Public Name of Notary Public)
Shirley E Pina
 My Commission GG 163818
 OR 112.002(1) expires 09/21/2022

Personally Known

Type of Identification Produced _____



SIGNATURE

If a certified public accountant licensed under Chapter 470, 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

Part D Income Cont.....

Veterans Administration	1250 Taylor Street NW Washington, DC 20011	14,224
Jacksonville City Council	117 West Duval Street, Jacksonville, FL 32202	57,794
Raymond James Div Income (Stock)	245 Riverside Ave, Suite 500, 32202	7,019
Raymond James Cap Gains (Stock)		27,540
Raymond James Income (Bonds)		2,354

Part B Continued.....

Savings Bonds	14,389
Nest Eggs 401K	132,182
Thrift Savings Plan	77,826
NFCU Savings	511
529 Account	8,772
UGTMA Account	41,385
FRS	19,550
NFCU Money Market	8,303
Sub Total	\$ 302,918

Bond Account.....

Cash	6,228
Escambia CNTY School Board SALES TAX REV SER 201	25,199
GRAPEVINE-COLLEYVILLE INDPT SCH DIST TX FORMERLY GRAPEVINE TEXAS INDPT	19,384
PHILADELPHIA PA ARPT REV, AIRPORT REV REF BDS	10,423
RUTHERFORD CNTY TN HEALTH & EDL FACS BRD REV, REV BDS	10,216
SAVANNAH VALLEY TN UTIL DIST HAMILTON CNTY WTRWKS REV	4,968
TENNESSEE HSG DEV AGY, HOMEOWNERSHIP PROG BDS	5,078
TENNESSEE HSG DEV AGY, HOMEOWNERSHIP PROGRAM BDS	5,109
Sub Total	\$86,605

Part B Continued.....

Stocks

Cash	74,850
ABBOTT LABS	9,403
ABBVIE INCORPORATED	9,219
ALPABET INCORPORATED	31,349
AMAZON INCORPORATED	45,059
APPLE INCORPORATED	15,774
BOEING COMPANY	32,250
COCA COLA COMPANY	14,205
CROWN CASTLE INTERNATIONAL	10,863
CVS HEALTH CORP	7,862
DISNEY WALT COMPANY COM DISNEY	8,772
DOWDUPONT	10,696
ENCOMPASS HEALTH CORP	6,170
FEDEX	12,906
HONEYWELL INTERNATIONAL	13,212
INTUITIVE SURGICAL INCORP	14,368
JPMORGAN CHASE	14,643
MASTERCARD INCORPORATED CLASS A	37,730
MICROSOFT	22,345
PALO ALTO NETWORKS	18,835
PAYCHEX INCORP	7,818
PHILLIPS 66	12,923

PRA HEALTH SCIENCES INCORP	9,196
PRINCIPAL FINL GROUP INCORPORATED	5,433
ROPER TECHNOLOGIES	21,322
UNITED HEALTH GROUP INCORP	12,456
VERIZON COMMUNICATIONS INCORP	10,120
 Stocks Subtotal	 \$489,779

Retirement Accounts.....

Debbie SEP ROTH

XXX [REDACTED] 18,130

Debbie SEP IRA

XXXX [REDACTED] 62,485

AA Roth

XXXX [REDACTED] 21,080

XXXX [REDACTED] 51,675

Subtotal **\$153,370**

Part B Total Addendum: \$1,032,672