

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

Check applicable one:

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

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JUN 08 2020

DUVAL COUNTY ELEC.

By LS

JUN 8 9:50

OFFICE USE ONLY

Candidate Oath

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

I, Don Redman
(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, DIST 4,
(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): 103868995

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.]

X Don Redman (not) 626-9307 donredman@att.net
Signature of Candidate Telephone Number Email Address
3123 Star Rd. Jacksonville FL 32216
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Lana G. Self
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means of physical presence this 8th day of June, 2020.

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____

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

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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:

Redman, Roy Don

MAILING ADDRESS:

3123 Stan Rd.

CITY:

ZIP:

COUNTY:

Jacksonville, FL 32216 Duval

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

City Council District 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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DUVAL COUNTY ELEC.

By: [Signature]

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 31, 2019 was \$ 126,429.

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 \$ 15,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

2760 Belfort Rd.	\$88,274
2772 Belfort Rd.	141,492
2015 Lexus	15,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

US Bank P.O. Box 790415 St. Louis, MO 63179	\$95,200
Community 1st CU of FL Visa P.O. Box 71050 Charlotte, NC	\$14,200
Capital One Mastercard P.O. Box 30285 Salt Lake City, UT 84130	\$5,000
Community 1st CU of FL Line of Credit 637 Lee St. Jacksonville 32204	\$4,092

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Community 1st CU of FL Auto Loan 637 Lee St. Jacksonville, FL 32204	\$14,845
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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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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	Annual AMOUNT
Social Security	601 E. 12th St. Kansas City, MO 64106	\$14,611
State of Fla Retirement	P.O. Box 9000 Tallahassee, FL 32315	\$11,266

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
Don's Sportsman	Salon Services	2760 Belfort Rd. 32216	Barber Shop, Salon

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Don's Sportsman	Belfort Rd. Salon	
ADDRESS OF BUSINESS ENTITY	2760 Belfort Rd.	2760 Belfort Rd.	
PRINCIPAL BUSINESS ACTIVITY	Barber Shop	Salon Services	
POSITION HELD WITH ENTITY	President/owner	President/owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	S-Corp	S-Corp	

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 by means of ☒ physical presence or ☐ online notarization, this 8th day of

June, 20 20 by Roy Don Redman

Lana S. Self
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission No. 66102927

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced _____

Roy Don Redman
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 ☐