

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:
Flower Gary Paul

MAILING ADDRESS:
501 West Adams St., Suite 7113

CITY: ZIP: COUNTY:
Jacksonville 32202 Duval

NAME OF AGENCY:
Fourth Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
APR 06 2020
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, 20 19 was \$ \$1,985,154.00.

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 \$ 250,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
[REDACTED]	\$1,100,000.00 FMV
[REDACTED]	\$425,000 FMV
[REDACTED]	\$425,000 FMV

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Cenlar	\$666,398.00
SBA	\$49,800.00
121 Financial	\$11,000.00

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 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	AMOUNT
The State of Florida	200 East Gaines St., Tallahassee, Florida	\$139,254.00

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.

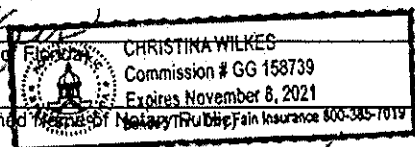
OATH

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.

Ang P. Flader
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF DUVAL
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 1st day of

April, 2020 by Christina Wilkes
 (Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification

Type of Identification Produced Drivers License

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

**FORM 6 - FULL AND PUBLIC DISCLOSURE OF - 2019
FINANCIAL INTERESTS**

PART B - ASSETS - PAGE 2

Wells Fargo	\$30, 551.00
Northwest Mutual	\$82,500.00
Voya Deferred Comp	\$230, 364.00
Cash	\$80, 000.00
Fidelity Investments	\$34, 564.00
State of Florida Pension	Unknown
State Farm	\$3,100.00
USB Financial Services	\$86, 276.00
Total	\$555, 355.00

**Honorable Gary P. Flower
501 West Adams Street, Suite 7113
Jacksonville 32202 Duval
Florida State Courts System
County Court Judge**

GARY FLOWER CAMPAIGN FUND

DATE 4/6/2020

\$ 6,073.88

PAY TO THE ORDER OF Duval County Supervisor of Elections

Six Thousand and seventy two & 88/100 DOLLARS



[Signature]

FOR

[Redacted]

[Redacted]

MP