FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2019

REFOR OFFICE USE ONLY:

2820 JUN -8 PM 12: 89

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

House Of Representatives-Elected Constitutional Officer

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HON WENGAY NEWTON, STATE REPRESENTATIVE 5420 4TH AVE S

ST PETERSBURG FL 33707-6112

ID CODE

ID NO.

217168

CONF. CODE

Newton, Wengay

CHECK IF THIS IS A FILING BY A CANDIDATE

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 MAV

94h , 20 <u>20</u> was \$ _

133, 128.9

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 \$

\$75,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Regions Mortage P.O. Bot 1800 Hattisburg, MS 39404-8001

\$ 5.902.00

Financial 711 Sast Handerson AUS. Trupp, FC 33602(204 Tayota)

45 525 0

CE FORM 6 - Effective January 1, 2020 incorporated by reference in Rule 34-8.002(1), F.A.C.

Continued on reverse side)

PAGE 1

		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.							
l 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 INCO	ME (See instructions on pa	ge 5):					
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INC	COME	AMOUNT		
Keprosontative - Sta-	te of Florida	400\$	Monros Street Filh	hassey FL	\$29,697 MANNAL		
		·	-	/			
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					PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
A / /A	OF BUSINESS' INCOME		OF SCORCE		n /n		
WH	11/1	-	10/19		NA		
					B. B. B. B. B. C.		
P			D BUSINESSES [Instruction	10.			
NAME OF	BUSINESS ENTITY	[‡] 1	BUSINESS ENTITY # 2	BUS	INESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF							
BUSINESS ENTITY	n//						
PRINCIPAL BUSINESS ACTIVITY	111/11				///		
POSITION HELD WITH ENTITY			1//		14		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			7 - 7				
NATURE OF MY OWNERSHIP INTEREST							
OWNERSTIIF INTEREST	. ÷. €"	V	and the second s	W/ 1	Production Applied to the Control		
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 STATE OF FLORIDA COUNTY OF							
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me by means of							
beginning of this form, do depose on oath or affirmation physical presence or online notarization, this day of							
and say that the information disclosed on this form = May , 20 20 by Wengay Newton .							
and any attachments hereto is true, accurate,							
and complete. (Signature of Notary Public-State of Florida Notary Public - State of Florida							
New Grinus Commission # GG 279988 (Print, Type, or Stamp Commissioned Name of Thotang Abdull Charles Name 1 (Print, Type, or Stamp Commissioned Name of Thotang Abdull Charles Name 1 (Print, Type, or Stamp Commissioned Name of Thotang Abdull Charles Name 1 (Print, Type, or Stamp Commissioned Name of Thotang National N							
(Print, Type, or Stamp Commissioned Name of Notational Notary Assn. Personally Known OR Produced Identification							
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Type of Identification Produced Type of Identification Produced							
* * * * * * * * * * * * * * * * * * * *		Type of	i identification i roddced				
			in good standing with the Flori	da Bar prepa <u>rec</u>	This formACIFIED or		
she must complete the following statement: I, prepared the CE Form 6 in accordance with Art. II, Sep. 8, English Constitution,							
Section 112.3 444, 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							
The state of the s		- 1 T	The state of the same of the state of the st	and control of the			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

RECEIVED

2020 JUN -8 PH 12: 09

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

May 29, 2020

Wengay M. Newton Sr. (ASSETS)

JUST VALUES

HOUSE PRIMARY RESIDENCE 5420 4 TH AVENU	\$171,401.00	
1999 FORD EXPEDITION		\$2,000.00
2002 HONDA MOTORCYCLE		\$8,000.00
2013 HONDA ACCORD		\$9,000.00
2014 TOYOTA COROLLA		\$8,300.00
HOUSEHOLD AND PERSONAL EFFECTS		\$75,000.00
	TOTAL ASSETS	\$273,701.00
	TOTAL LIABILITIES	\$140,573.00
	NET WORTH	\$133,128.00