

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

ST JOHNS COUNTY  
VICKY OAKES  
SUPERVISOR  
OF ELECTIONS  
2018 JUN 20 PM 12:27

LAST NAME — FIRST NAME — MIDDLE NAME:

GURMAN JOHN CARROLL

MAILING ADDRESS:

P.O. BOX 2089

CITY: ZIP: COUNTY:

ST AUGUSTINE 32085 ST JOHNS

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSIONER DISTRICT 4

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, 2017 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 17 was \$ 401,914.

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 \$ 18,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vehicles	4500.00
Residence	420,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HOLMES REGIONAL MEDICAL CENTER	\$1800.00
CAPITAL ONE P.O. BOX 30285 SALT LAKE CITY UT 84130	3086.00
BARCLAYS BANK 100 West St. Wilmington DE 19801	4200.00

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 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
SOCIAL SECURITY	SOCIAL SECURITY ADMIN.	\$ 1425 <sup>00</sup> MO
MASTERS MATES PILOTS	700 MARITIME BLVD LINTHICUM HTS MD. 2190	\$ 0-1200 <sup>00</sup> MO

**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	WGT LLC		
ADDRESS OF BUSINESS ENTITY	795 E STANES LA WOOD RD		
PRINCIPAL BUSINESS ACTIVITY	AIRCRAFT & VEHICLE RESTORE		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	EQUITY		

**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 St. Johns

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.

Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of June, 2018 by John C. "Jack" Gorman  
Erika E. Ward  
 (Signature of Notary Public--State of Florida)

**ERIKA E. WARD**  
 Notary Public, State of Florida  
 My Comm. Expires May 4, 2020  
 Commission No. FF 967747  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL DL

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**