

HAND DELIVERED

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2012

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

232592

COMMISSION ON ETHICS
DATE RECEIVED
JUN 28 2013

PROCESSED

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Scott, Richard Lynn

MAILING ADDRESS:

700 North Adams Street

CITY:

ZIP:

COUNTY:

Tallahassee

32303

Leon

NAME OF AGENCY:

Executive Office of the Governor

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Governor

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, 2012, 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, 20 12 was \$ 83,773,538.

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.

The aggregate value of my household goods and personal effects (described above) is \$ 176,384

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
See attachment	\$83,597,154

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	\$0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	\$0

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 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
SEE ATTACHMENT	SEE ATTACHMENT	SEE ATTACHMENT

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
N/A	N/A	N/A	N/A

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			

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

OATH

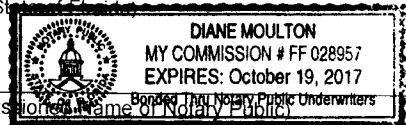
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 27th day of

June, 2013 by Richard Scott

Diane Moulton
 (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 _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

PART B - ASSETS

2012

DESCRIPTION OF ASSETS

Naples Gulf View Est Blk A Bounded on N By N LI + Prolong Thereof Lot 7, as rec in P B
Naples Boat Club Boathouse A Condominium Bay 11 DS-5
Richard L. Scott Blind Trust
Due from S. Scott
Due from P. Phillips
Due from Luther Oaks
Due from Roland Alonzo dba Alonzo Financial
Refundable Club Deposits: Royal Poinciana
Refundable Club Deposits: Red Sky
IRA Account: CL King & Associates
Bank Accounts: Wells Fargo
Bank Accounts: Mutual of Omaha

VALUE OF ASSETS *

\$9,231,801
\$99,750
\$72,809,841
\$570,270
\$89,559
\$14,600
\$73,959
\$5,000
\$96,000
\$468,118
\$49,228
\$89,029

\$83,597,154

* Shown at GAAP or Fair market value

PART D - INCOME 2012

PRIMARY SOURCES OF INCOME:

<u>NAME AND SOURCE OF INCOME EXCEEDING \$1,000</u>	<u>ADDRESS OF SOURCE OF INCOME</u>	<u>AMOUNT</u>
Alan Weist / Taxable Interest	704 NW 44th Street; Kansas City, MO 64116	\$49,167
Richard L. Scott Blind Trust / Investment Income	568 9th Street S.; Naples, FL 34102	\$3,134,817

KERRY M. BALTHROP
CERTIFIED PUBLIC ACCOUNTANT

Phone (682) 593-0044

2333 FLORENCE ROAD
KELLER, TEXAS 76262
kbalthrop@kerrycpa.com

Fax (888) 629-9730

June 26, 2013

Ms. Virilindia Doss, Executive Director
Florida Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Dear Ms. Doss:

This letter is to inform you that I have prepared Governor Rick Scott's Annual Form 6 Full and Public Disclosure of Financial Interests. This disclosure form was prepared in accordance with section 112.3144, Florida Statutes, and the accompanying instructions for completing and filing the Form 6. Based upon my reasonable knowledge and belief this disclosure is true and correct.

Sincerely,



Kerry M. Balthrop
Certified Public Accountant
Texas License #23913