

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2012

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

SCOTT, STACY ANN

MAILING ADDRESS:

35 NORTH MAIN STREET

CITY:

GAINESVILLE, FL

ZIP:

32605

COUNTY:

ALACHUA

NAME OF AGENCY:

PUBLIC DEFENDER, 8TH CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ELECTED CONSTITUTIONAL OFFICER

CHECK IF THIS IS A FILING BY A CANDIDATE

PROCESSED

COMMISSION ON ETHICS
DATE RECEIVED

JUN 11 2013

170387

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 JUNE 4, 20 13 was \$ 184,368.65.

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 \$ 68,759.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

CONTINUED ON PAGE 1A

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
RESIDENCE [REDACTED]	\$183,000
BANK ACCOUNTS, WELLS FARGO, 420 MONTGOMERY ST, SAN FRANCISCO, CA 94104	\$22,229.67
IRA, WELLS FARGO, 420 MONTGOMERY ST, SAN FRANCISCO, CA 94104	\$3738.50
IRA, BENCORE, 8488 SHEPPARD FARM DR, WESTCHESTER, OH 45069	\$3131.54
CORAL RIDGE CORPORATIONS TRUST INTEREST, 3801 BAYVIEW DR., FT. LAUDERDALE, FL 33308	\$11,248.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO, 420 MONTGOMERY ST, SAN FRANCISCO, CA 94104	\$108,963.47

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

1A

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FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
SCOTT , STACY ANN

MAILING ADDRESS:
35 NORTH MAIN STREET

CITY : ZIP : COUNTY :
GAINESVILLE 32605 ALACHUA

NAME OF AGENCY :
PUBLIC DEFENDER , 8TH CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
ELECTED CONSTITUTIONAL OFFICER

CHECK IF THIS IS A FILING BY A CANDIDATE

COMMISSION ON ETHICS
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JUN 11 2013

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 N/A, 20__ was \$ _____.

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 \$ N/A

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
(CONTINUED FROM PAGE 1)	
HORSE	\$1500.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
STATE OF FLORIDA	200 E. GAINES STREET, TALLAHASSEE, FL 32399	\$150,076.92

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
NONE			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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.

[Handwritten Signature]

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 4 day of

June, 2013 by Montez Carter
[Signature]

 (Signature of Notary Public--State of Florida)

Montez Carter

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

Personally Known OR Produced Identification

Type of Identification Produced 

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.

STACY A. SCOTT
PUBLIC DEFENDER
Eighth Judicial Circuit

35 North Main Street
Gainesville, FL 32601-5323
(352) 338-7370

81 N. 3rd Street
Macclenny, FL 32063
(904) 259-4245

Bradford County Courthouse
P.O. Box 1059
Starke, FL 32091-1059
(904) 966-6273

353 South Court Street
P.O. Box 1119
Bronson, FL 32621-1119
(352) 486-5350



Serving Alachua County

Serving Baker County

Serving Bradford and
Union Counties

Serving Levy and
Gilchrist Counties

Reply to:

COMMISSION ON ETHICS
DATE RECEIVED
JUN 11 2013

June 5, 2013

COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317-5709

Re: FORM 6 FINANCIAL DISCLOSURE

To Whom It May Concern:

Enclosed please find my 2012 Form 6 Financial Disclosure. Please do not hesitate to contact me should you require any additional information.

Sincerely,


Stacy A. Scott
Public Defender

COMMISSION ON ETHICS
DATE RECEIVED
JUN 11 2013

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2012

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

CONFIDENTIAL

PROCESSED



*****AUTO**ALL FOR AADC 320 T3 P1 50

Stacy A. Scott
Public Defender
Public Defender: 8Th Circuit
Elected Constitutional Officer
35 N Main St
Gainesville, FL 32601-5323



CHECK IF THIS IS A FILING BY A CANDIDATE

ID Code
ID No 70387
Conf. Code
P. Req. Code *****
Scott, Stacy A.