FORM 6 FULL AND PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing OF FINANCIAL INTER	EST FOR	OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE NAME:	14 JUN 20 AI	110: 02
Fullwood_Reginald_N	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MAILING ADDRESS:	DIVISION OF EL	ECTIONS
1111 Fairfax Street	SECRETARY OF	FSIAIL
	35014	
CITY: ZIP: COUNTY:		
Jacksonville 32209 Duval	Man No	TELIVERED
Florida House of Representatives	PROCESSE	
NAME OF OFFICE OR POSITION HELD OR SOUGHT.	INOOLOOL	.0
State Representative - District 13		
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, 2013, or a more current date [Not reported liabilities from your reported assets, so please see the instructions on page 3.]	e: Net worth is not calculate	d by subtracting your
My net worth as of <u>December 31</u> , 20 <u>13</u> was	\$ 409,490	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry: collections of stamps, guns, and nu furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 155	mismatic items; art objects;	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instruction)	ons p.4)	VALUE OF ASSET
Ameriprise Retirement Acct		86,900_
Bank of America (Checking)		11, 450
Single Family Dwelling - 8146 Broward Cove Road, Jax, FL 32218		342,000
2008 Chevy Tahoe		12,400
2006 Nissan Altima		5,800
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	1	AMOUNT OF LIABILITY
Wells Fargo Mortgage - 1 Independent Drive, Jacksonville, FL 32202		202,800
Atlantic Coast Bank Loan - 930 University Blvd., N Jacksonville, FL 32211		1,260
200 2111		1,200
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY

		PART D -	- INCOME	
You may EITHER (1) file a com statement identifying each sepa remainder of Part D, below.	pplete copy of your 2013 fed arate source and amount of	eral income tax income which	c return, including all W2's, schedule, exceeds \$1,000, including secondary	s and attachments, OR (2) file a sworn y sources of income, by completing the
l elect to file a copy of m	y 2013 federal income tax re d attach a copy of your 2013	turn and all W2 tax return, you	Ps, schedules, and attachments need not complete the remainder of	Part D]
PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCO	•	ıge 5):	ADDRESS OF SOURCE OF INCOM	IE I AMOUNT
	ONE EXCLEDING \$1,000	3103 N. Main Street, Jax, FL 32206 72,000		
Metro North CDC, Inc. Christine Cove Apartments	Dovolonment Inc	3930 Soutel Dr. Jax., FL 32208		16,400
		402 S. Monroe St., Tallahassee, FL 32399		
Florida House of Represen SECONDARY SOURCES OF IN				
SECONDARY SOURCES OF INCOME [Major customers, clie NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS'		SOURCES ADDRESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
P	ART E INTERESTS I BUSINESS ENTITY		D BUSINESSES [Instructions of BUSINESS ENTITY # 2	n page 6 BUSINESS ENTITY#3
NAME OF	BOSINESS ENTIT	"	BOSINESS ENTITT #2	BOOMESS ENTITY #3
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 CO	ONTINUED (ON A SEPARATE SHEET, PL	EASE CHECK HERE 🔲
O.A	\TH	STATE	OF FLORIDA \	
0.		COUN.	TY OF Leon	20
I, the person whose name applied beginning of this form, do depo		Sworn	to (or affirmed) and subscribed befor	e me this day of
and say that the information di		<u> </u>	20 15 by Ky	eginald Fullwood
and any attachments hereto is	true, accurate,	(1)	ure of Notary Public State of Florida	
and complete		(Signat		1
\mathcal{A}		(Print,	Type or manip Communicationed Name	
\sim		- Person	all KHOWN EXPIRES January	duced 101 Partification
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	(407) 398-0153 FloridaNotarySer Identification Produced	vice.com
she must complete the following		s, or attorney	in good standing with the Florida B	ar prepared this form for you, he or
I. Section 112 3144 Florida Stat	utes and the instructions to	, prepared the	he CE Form 6 in accordance with A	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 b	y a CPA or attorney de	oes not reliev	ve the filer of the responsibilit	y to sign the form under oath.

FORM 6	-		C DISCLOS	The state of the s	IVED 2013
Please print or type your name, mailing address, agency name, and position below:	OF FI	NANCIA	L INTEREST	'	R OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD	LE NAME:			2014 JUN 19	PM 2: 48
Fullwood Reginald N					
MAILING ADDRESS:				BIVISION OF TALLAHA	ELECTIONS
1111 Fairfax Street		***************************************			
				PROCESSE	ED
CITY:	ZIP :	COUNTY:			
Jacksonville NAME OF AGENCY :	32209	Duval		35014	
Florida House of Representatives NAME OF OFFICE OR POSITION HEL	D OR SOUGHT	N. HAMPHITT.			
State Representative - District 13					
CHECK IF THIS IS A FILING BY A CAI	NDIDATE 🗹				
			J		
		PART A NET			
Please enter the value of your net worth reported liabilities from your reported as				t worth is not calcula	ated by subtracting your
My net worth as	of <u>Decembe</u>	er 31	, 20 <u>13</u> was \$ <u>40</u> 9	9,490	·
HOUSEHOLD GOODS AND PERSON, Household goods and personal effect following, if not held for investment furnishings; clothing; other household The aggregate value of my household ASSETS INDIVIDUALLY VALUED AT (ets may be reported purposes: jewelry; of ditems; and vehicles digoods and persona	collections of stam s for personal use	ps, guns, and numismat	tic items; art objects	category includes any of the s; household equipment and
		cription is require	ed - see instructions p.4	4)	VALUE OF ASSET
Ameriprise Retirement Acct					86,900
Bank of America (Checking)					11, 450
Single Family Dwelling - 8146 Bro	ward Cove Road	d. Jax. FL 3221	8		342.000
2008 Chevy Tahoe					12,400
2006 Nissan Altima					5,800
2000 111000117 1111110					
LIABILITIES IN EXCESS OF \$1,000 (S	ee instructions on	PART C LIA page 4):	ABILITIES		I AMOUNT OF LIABILITY
Wells Fargo Mortgage - 1 Indepe		cksonville FL 3	2202		202,800
Atlantic Coast Bank Loan - 930 Ur					1,260
Atlantic Coast Bank Loan - 350 Of	iiversity biva., iv	T Jacksoff Vinc.	<u> </u>		1,200
JOINT AND SEVERAL LIABILITIES NO	OT REPORTED ABO	OVE:			
NAME AND ADDRES					AMOUNT OF LIABILITY
	<u> </u>				
·					

	PART D IN	COME	
You may EITHER (1) file a complete copy of your 2013 fe statement identifying each separate source and amount or remainder of Part D, below	ederal income tax reto of income which exce	urn, <i>including all W2's, schedule</i> eeds \$1,000, including secondan	s, and attachments, OR (2) file a sworn y sources of income, by completing the
I elect to file a copy of my 2013 federal income tax [If you check this box and attach a copy of your 201			Part D]
PRIMARY SOURCES OF INCOME (See instructions on	page 5):		
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	AD	DRESS OF SOURCE OF INCOM	1E AMOUNT
Metro North CDC, Inc.	3103 N. Main 9	Street, Jax, FL 32206	72,000
Christine Cove Apartments Development, Inc.	3930 Soutel Dr	r. Jax., <u>FL 32208</u>	16,400
Florida House of Representatives	402 S. Monro	<u>e St., Tallahassee, FL 323</u>	99 29,121
SECONDARY SOURCES OF INCOME [Major customers,			
NAME OF NAME OF MAJO BUSINESS ENTITY OF BUSINES		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART E INTERESTS	IN SPECIFIED B	USINESSES Instructions or	n page 6
NAME OF	Y # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5%			
			1
INTEREST IN THE BUSINESS NATURE OF MY			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NATURE OF MY	CONTINUED ON	A SEPARATE SHEET, PL	EASE CHECK HERE
NATURE OF MY OWNERSHIP INTEREST	STATE OF	FLORIDA DILLO	
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE O OATH	STATE OF COUNTY O	FLORIDA DUVA	10-10
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE C	STATE OF COUNTY O	FLORIDA DUV a	e me this 19th day of
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE O OATH I, the person whose name appears at the	STATE OF COUNTY O	FLORIDA DUV a	10-10
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE C OATH I, the person whose name appears at the beginning of this form, do depose on oath or affirmation	STATE OF COUNTY OF	or affirmed) and subscribed befor	e me this 19th day of Acquely w Boyd
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE C 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	STATE OF COUNTY O	or affirmed) and subscribed befor	e me this 19th day of Acquely (Bayd)
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE O 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,	STATE OF COUNTY OF Sworn to (county)	or affirmed) and subscribed before 20 14 by Of Note	e me this 19th day of Acquely (Bayd) DEBOYD BUC LORIDA
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE O 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,	STATE OF COUNTY OF Sworn to (COUNTY OF SWORN TO (COUNTY OF SWORN TO (Signature OF STATE OF SWORN TO (Print, Type	or Not State of Feb., or State of Feb., or State of Feb.	e me this 19th day of Acquely & Bayd D: BOYD BUC LORIDA 18 Notary Public)
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE COORDINATED TO THE PARTS A THROUGH E ARE COORDINATED TO THROUGH E A	STATE OF COUNTY CO	or affirmed) and subscribed before 20 4 by Of Note State Of Fig. c, or State Missible Name Expire 49 Known OR Pro	e me this 19th day of Acquely & Bayd D: BOYD BUC LORIDA 187 Notary Public)
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE O 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,	STATE OF COUNTY CO	or Not State of Feb., or State of Feb., or State of Feb.	e me this 19th day of Acquely & Bayd D: BOYD BUC LORIDA 18 Notary Public)
NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE COORDINATED TO THE PARTS A THROUGH E ARE COORDINATED TO THROUGH E A	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE CONTROLL	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE CONTROLL	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE COATH 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. SIGNATURE OF REPORTING OFFICIAL OR CANDIDATES TO SIGNATURE OF	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE OF COATH 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. SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE SIGNATURE OF	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE OF COATH 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. SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE SIGNATURE OF	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE OF COATH 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. SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE SHE must complete the following statement: I, BSCIG FALLOW Section 112.3144, Plorida Statutes, and the instructions	STATE OF COUNTY	or affirmed) and subscribed before 20 14 by	e me thisday of
IF ANY OF PARTS A THROUGH E ARE CONTROLL	STATE OF COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY TO SERVICE AT 3, or attorney in good to the form. Upon not county to the form.	or affirmed) and subscribed before 20 4 by of Note State OF Fig. or Stat	e me this day of