

PROCESSED

232592

FORM 6

FULL AND PUBLIC DISCLOSURE

2016

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 30 2017

RECEIVED

HAND DELIVERED

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, 2016 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, 2016 was \$ 149,279,996

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 \$ 313,787

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Row 1: SEE ATTACHMENT, \$148,966,209

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Rows: N/A, N/A, N/A, N/A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Rows: N/A, N/A, N/A

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2016 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 |
| 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 | N/A | N/A | N/A |
| ADDRESS OF BUSINESS ENTITY | N/A | N/A | N/A |
| PRINCIPAL BUSINESS ACTIVITY | N/A | N/A | N/A |
| POSITION HELD WITH ENTITY | N/A | N/A | N/A |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | N/A | N/A | N/A |
| NATURE OF MY OWNERSHIP INTEREST | N/A | N/A | N/A |

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

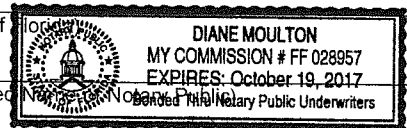
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 26th day of

August, 2017 by Richard E. Scott

Diane Moulton
 (Signature of Notary Public--State of



(Print, Type, or Stamp Commissioned

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, Emmett Mitchell, IV, 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.

Emmett Mitchell, IV

Signature

6/27/17

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

PART B - ASSETS

2016

DESCRIPTION OF ASSETSVALUE OF ASSETS *

| | |
|---|---------------|
| Residence Naples, Florida Parcel: 09380240002 | \$15,033,900 |
| Boathouse Naples, Florida Parcel: 13420001922 | \$144,375 |
| Montana residence Geo Code: 4498-34-2-01-05-0000, 60.601 Acres | \$1,498,459 |
| Governor Richard L. Scott 2014 Qualified Blind Trust | \$130,535,757 |
| Due from S. Scott | \$661,749 |
| Due from P. Phillips | \$234,927 |
| Due from Luther Oaks | \$14,600 |
| Due from Roland Alonzo dba Alonzo Financial | \$25,889 |
| Refundable Club Deposits: Royal Poinciana, Naples, Florida | \$5,000 |
| Refundable Club Deposits: Red Sky, Wolcott, Colorado | \$96,000 |
| IRA Account: Pershing Advisor Solutions, Jersey City, NJ 07399 (externally managed) | \$571,764 |
| Bank Accounts: Wells Fargo, Tallahassee, Florida | \$52,312 |
| Bank Accounts: Mutual of Omaha, Naples Florida | \$91,477 |

\$148,966,209

* Shown at GAAP or Estimated Fair Market Value

PART D - INCOME 2016

PRIMARY SOURCES OF INCOME:

| <u>NAME AND SOURCE OF INCOME EXCEEDING \$1,000</u> | <u>ADDRESS OF SOURCE OF INCOME</u> | <u>AMOUNT</u> |
|--|-------------------------------------|---------------|
| Governor Richard L. Scott 2014 Qualified Blind Trust / Investment Income | 340 9th Street N.; Naples, FL 34102 | \$ 4,350,240 |