

**FORM 6****FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS****2017**Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
PLAKON, DAVID SCOTTMAILING ADDRESS:  
1718 ASTOR FARMS PLACECITY: ZIP: COUNTY:  
SANFORD FL SEMINOLENAME OF AGENCY:  
FLORIDA HOUSE OF REPRESENTATIVESNAME OF OFFICE OR POSITION HELD OR SOUGHT:  
STATE REPRESENTATIVE, DISTRICT 29CHECK IF THIS IS A FILING BY A CANDIDATE ☒

HAND DELIVERED

**PROCESSED**

223307

LEGISLATIVE  
RELATIONS  
SECTION  
STATE

18 JUN 19 AM 10:55

**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 JUNE 1ST, 20 18 was \$ 2,477,181**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 \$ 160,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED SHEET	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED SHEET	

**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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2015 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
Nationwide Publishing Company, Inc.	537 Deltona Blvd., Deltona FL 32725	\$149,188
Florida House of Representatives	402 S. Monroe St. Tallahassee FL 32399	\$27,537

**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			
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			

**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 Seminole

Sworn to (or affirmed) and subscribed before me this 12<sup>th</sup> day of

June 2018 by David S. Phelan

(Signature of Notary Public - State of Florida)

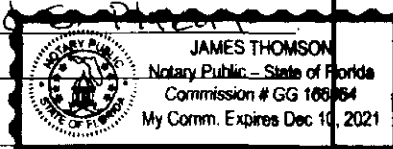
James Thomson

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

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

Type of Identification Produced Florida Driver License

D. [Signature]  
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, \_\_\_\_\_, 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 ☒

## DAVID SCOTT PLAKON - ASSETS AND LIABILITIES AS OF 6/1/2018

### ASSETS:

REAL ESTATE (3044 TIMPANA POINT, LONGWOOD FL 32779)	\$1,310,000
REAL ESTATE (1718 ASTOR FARMS PLACE, SANFORD FL 32771)	\$430,000
BANK ACCOUNT (WELLS FARGO, 101 E 1ST ST, SANFORD, FL 32771)	\$3,436
NATIONWIDE PUBLISHING COMPANY, INC. (93% INTEREST)	\$1,252,202
BANK ACCOUNT (FAIRWINDS, 5020 FL-46, SANFORD, FL 32771)	\$19,764
GREAT WEST 401K (TOTAL, INDIVIDUAL FUNDS LISTED BELOW)	\$352,633
Great-West Aggressive Profile II Fund I	\$12,273
AB International Value A	\$933
American Funds EuroPacific Gr R3	\$22,230
Great-West Loomis Sayles Small Cap Value Fund I	\$30,481
Great-West T Rowe Price Mid Cap Growth Fund I	\$27,275
American Funds Growth	\$31,735
Fund of America R3 David New York Venture A	\$23,085
Invesco Growth & Income A	\$21,662
MFS Total Return A	\$16,104
Key Guaranteed Portfolio Fund	\$166,856

### LIABILITIES:

AXIOM BANK	400 COLONIAL CTR PKWY ST, LAKE MARY, FL 32746	\$607,296
RONALD PLAKON	2055 S ATLANTIC AV, DAYTONA BCH SHRS, FL 32118	\$270,000
WELLS FARGO ED FIN SVC	301 E 58TH ST N, SIOUX FALLS, SD 57104	\$114,753
FAIRWINDS CREDIT UNION	800 E STATE RD 434, LONGWOOD, FL 32750	\$58,805

## FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS

2017

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SANFORD FL SEMINOLENAME OF AGENCY:  
FLORIDA HOUSE OF REPRESENTATIVESNAME OF OFFICE OR POSITION HELD OR SOUGHT:  
STATE REPRESENTATIVE, DISTRICT 29

FOR OFFICE USE ONLY:

PROCESSED

HAND DELIVERED

18 JUN 21 AM 10:18  
SECRETARY OF STATE

223307

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 JUNE 1ST, 20 18 was \$ 2,477,181.

## PART B -- ASSETS

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## PART C -- LIABILITIES

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

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AMOUNT OF LIABILITY

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**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.

*[Signature]*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Notary Public State of Florida  
Orsana Yuryivna Leheza  
My Commission GG 180886  
Expires 11/15/2021



STATE OF FLORIDA  
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of

June, 2018 by David Scott Plakoni

*[Signature]*  
(Signature of Notary Public—State of Florida)

Orsana Y. Leheza  
(Print, Type, or Stamp Commissioned Name of Notary Public)

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

Type of Identification Produced FL DL P425177 S9 0931

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