

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

SCOTT - RICHARD - LYNN

PROCESSED

MAILING ADDRESS:

700 NORTH ADAMS STREET

FLORIDA
COMMISSION ON ETHICS

JUN 29 2018

CITY:

TALLAHASSEE

ZIP:

32303

COUNTY:

LEON

RECEIVED

232592

NAME OF AGENCY:

EXECUTIVE OFFICE OF THE GOVERNOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

GOVERNOR

HAND DELIVERED

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 December 31, 20 17 was \$ 232,567,942

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 \$ 303,787

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attachment	232,264,155

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A
N/A	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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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
DO 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 20th day of

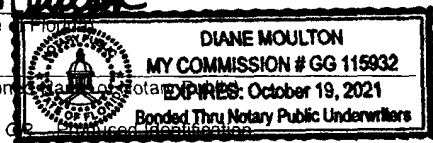
June, 2018 by Richard Lynn Scott
Diane Moulton

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission of Notary Public)

Personally Known X

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, BENJAMIN J. GIBSON (058661) 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.

B. Gibson
 Signature

6/26/18
 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

2017

<u>DESCRIPTION OF ASSETS</u>	<u>VALUE OF ASSETS *</u>
Residence Naples, Florida Parcel: 09380240002	\$14,068,739
Boathouse Naples, Florida Parcel: 13420001922	\$147,000
Montana residence Geo Code: 4498-34-2-01-05-0000, 60.601 Acres	\$1,498,459
Governor Richard L. Scott 2014 Qualified Blind Trust	\$215,031,824
Due from S. Scott	\$684,726
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)	\$637,946
Bank Accounts: Wells Fargo, Tallahassee, Florida	\$48,717
Bank Accounts: Mutual of Omaha, Naples Florida	\$45,744
	<u><u>\$232,264,155</u></u>

* Shown at GAAP or Estimated Fair Market Value

PART D - INCOME 2017

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	\$ 120,459,160