# FORM 6

# FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

PROCESSED

2018

FOR OFFICENIES ONLY: COMMISSION ON ETHICS

JUN 28 2019

RECEIVED

NEUEIVEL

ID Code



**VALUE OF ASSET** 

AMOUNT OF LIABILITY

ID Code

ID No. 277951

Conf. Code

Duggan, Wyman

\*\*\*\*\*\*\*\*AUTO\*\*ALL FOR AADC 320 T1 P1 169 169

Hon Wyman Duggan State Representative House Of Representatives Elected Constitutional Officer 4724 Long Bow Rd Jacksonville, FL 32210-8136

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CHECK IF THIS IS A FILING BY A CANDIDATE

PART A NET WORTH	PΔ	RT	Δ	NET	WO	RT	H
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Please enter the value of your net worth as of December 31, 2018 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 18 was \$ 1,315,800

#### 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 \$ 405, 500

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

e attached (15t)

#### PART C -- LIABILITIES

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

Mr. Cooper
Southeast Toyota Finance
Ford Credit

156,400
62,000

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]								
PRIMARY SOURCES OF INCOME (Sec	·	e 5):		4 D D D C C C C C		05 INOON	_	I AMOUNT
NAME OF SOURCE OF INCOME EX			_	ADDRESS OF				AMOUNT
Rogers Towers, P.A.		13011	KIVE	esplace B	IVA, 51	c 1500.	JAY SIZOI	278,150
State of Florida		40Z	<u>&gt;, I</u>	Monroe	lallar	rassel,	FL 32349	4,453
	SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]:							
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS' I				ADDRESS OF SOURC	_	1	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART F	INTERESTS IN	SPEC	FIEL	RUSINESS	SES (Instri	ictions on	nage 61	
IAKI E	BUSINESS ENTITY #				S ENTITY #			IESS ENTITY # 3
NAME OF BUSINESS ENTITY		<u> </u>						
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.								
•	TIFY THAT I HA			• .				
OATH STATE OF FLORIDA DUVAL								
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me this 27+1 day of								
and say that the information disclosed on this form  Tune, 20 19 by Wy man R. Ouggan								
and any attachments hereto is true, accurate, (Signature of Motary Public, State of Florida)								
and complete.								
(Print, Type, or Stamp Commission ed la resort Notary Public) Commission & GG 241184								
Personally Known Bonded Thru Troy Fain Insurance 800-385-7019								
SIGNATURE OF REPORTING OF SIGNATURE OF SIGNA								
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								

### ID No. 277951

## Form 6, Part B

4724 Long Bow Road	310,000
USAA FSB	60,200
DFA Int'l Core Equity, DFA US Small Cap, DFA US	13,500
Core Equity 1, Vanguard Total Stock Index,	
Vanguard Aggressive Growth	
Wells Fargo (Black Rock S&P 500 Index, Carillon	733,000
Eagle Mid-Cap Growth, American Funds Growth	
Fund R4	
Fidelity (Large Cap Stock, Low Priced Stock, Small	14,500
Cap Discovery)	
Rogers Towers, P.A. capital stock	27,500