FORM 6	FULL	AND PUBLIC	DISCLOSURE CENTER	2019	
Please print or type your name, mailing address, agency name, and position below.	ow: OF	FINANCIAL II	NTERESES FOR		
LAST NAME — FIRST NAME — M PLAKON DA	IDDLE NAME: VID	SCOTT	2020 JUN -5 AM	11: 58	
MAILING ADDRESS:	VID	SCOTI		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1015 TUFTON COVE			TALLA		
CITY: LAKE MARY	ZIP : FL	COUNTY: 32746	PROCES	PROCESSED	
NAME OF AGENCY: FLORIDA HOUSE OF REE	PRESENTAT	TIVES	22220	-7	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: STAE REPRESENTATIVE, DISTRICT 29			22330	1	
CHECK IF THIS IS A FILING BY A	CANDIDATE [<u> </u>			
(400)		PART A NET W	ORTH		
			or a more current date. [Note: I		
My net worth as of _	6/3/2010	. 20 2020) was \$ 2,241,418	· · · · · · · · · · · · · · · · · · ·	
		PART B ASS	ETS		
	effects may be rep ant purposes: jew	ported in a lump sum if their velry; collections of stamps.	aggregate value exceeds \$1,000. This caguns, and numismatic items; art objects; ther owned or leased.		
The aggregate value of my house	ehold goods and p	personal effects (described at	pove) is \$ 125,000		
ASSETS INDIVIDUALLY VALUED	AT OVER \$1,000			VALUE OF ASSET	
SEE ATTACHED SHEET					
LIABILITIES IN EXCESS OF \$1,000) (See instruction	PART C - LIABII	LITIES		
NAME AND ADDR	-			AMOUNT OF LIABILITY	
SEE ATTACHED SHEET					
JOINT AND SEVERAL LIABILITIES	NOT REPORTE	D ABOVE:		1	
NAME AND ADDR	RESS OF CREDIT	TOR		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 2019 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.								
l elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]								
PRIMARY SOURCES OF INCO	ME (See Instructions on pa	ıge 5):						
NAME OF SOURCE OF INC		 	ADDRESS OF SOURCE OF INCOM		AMOUNT			
Florida House of Repres	entatives	400 S. Mo	nroe St., Tallahassee, FL 32	2399	\$27,537			
SECONDARY SOURCES OF I	NCOME [Major customers, cl	ients, etc., of bu	isinesses owned by reporting person-	-see instruction	ns on page 5].			
NAME OF BUSINESS ENTITY	NAME OF NAME OF MAJOR		ADDRESS OF SOURCE		PRINCIPAL BUSINESS CTIVITY OF SOURCE			
		······						
T	ADT E SAITEDECTO I	N CDECLEIE	D DICINECEC II					
! '	ARI E - INTERESTS I BUSINESS ENTITY		D BUSINESSES [Instructions on BUSINESS ENTITY # 2		IESS ENTITY # 3			
NAME OF BUSINESS ENTITY	BOOINESS ENTITY	77 1	JUSINESS ENTIT # Z	POSIN	ILUG ENTITI #3			
ADDRESS OF				 				
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 office	ers required to complete		ics training pursuant to section	112.3142,	F.S.			
			PLETED THE REQUIRED					
0/	ATH	STATE OF FLORIDA						
i, the person whose name app		Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of						
beginning of this form, do depo		Swom ∑ phy	Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 선생 day of					
and say that the information di								
and any attachments hereto is true, accurate,								
and complete.		(Signal	(Signature of Notary RublicState of Florida)					
0.0		75.1.1.1	James momson					
) lack			(Print, Type, or Stamp Commissioned Name of Notary Public)					
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE		Personally Known OR Produced Identification						
		Type o	f Identification Produced <u>Flori</u>	Ge DL	iverLicense			
If a certified public accountan		73, or attorney	ın good standing with the Florida E	3ar prepared	this form for you. he or			
I,	tutes, and the instructions	, prepared to the form. Up	the CE Form 6 in accordance with a con my reasonable knowledge and	Art. II, Sec. 8, belief, the dis	. Florida Constitution, sclosure herein is true			
				·····				
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 C	ONTINUED	ON A SEPARATE SHEET, PL	EASE CHE	CK HERE			

DAVID SCOTT PLAKON - ASSETS AND LIABILITIES AS OF 06/03/2020

ASSETS:

REAL ESTATE (1015 TUFTO	\$767,800	
BANK ACCOUNT (WELLS FA	\$3,026 \$1,385,488 \$56,421 \$317,293	
NATIONWIDE PUBLISHING		
BANK ACCOUNT (FAIRWING		
UDIRECT IRA SERVICES, LL		
*PLAKON INVESTMENT	\$317,293	
LIABILITIES:		
WELLS FARGO ED FIN SVC	301 E 58TH ST N, SIOUX FALLS, SD 57104	\$99,073
AMERICAN EXPRESS	PO BOX 650448, DALLAS, TX 75265	\$4,398
MR. COOPER	PO BOX 650783, DALLAS, TX 75265-0783	\$310,139
		\$413,610

^{*}WHOLLY OWNED BY UDIRECT IRA ACCOUNT