FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

PROCESSED

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 15 2020

RECEIVED

Jacksonville-Council & Constitutional Officers

********AUTO**ALL FOR AADC 320 T1 P1 164 164

AARON L BOWMAN, CITY COUNCIL MEMBER, DISTRICT 3
117 W DUVAL ST STE 425
JACKSONVILLE FL 32202-5712

ID CODE

ID NO. 238998

CONF. CODE

Bowman, Aaron L

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, 2019 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 _____, 20 _____ was $ _____.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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.

❑ I 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 INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

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.

_____
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me by means of ❑ physical presence or ❑ online notarization, this _____ day of _____, 20 ____ by _____.

_____
(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification _____

Type of Identification Produced _____

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 ❑

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS
JUN 15 2020
RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:
Bowman Aaron Leroy

MAILING ADDRESS:
1321 Windsor Harbor Drive

CITY: Jacksonville ZIP: FL COUNTY: Duval

NAME OF AGENCY:
Jacksonville City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
City Councilmember District 3

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, 2019 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 31 Dec, 20 19 was $ 2,164,741.

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 $ 271,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence, 1321 Windsor Harbor Drive	1,210,746
2011 Mercedes C300	9,000
2013 Mercedes ML350	18,300
2015 Mercedes CLS400	31,600

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo, P.O. Box 1444 Des Moines, IA 50306	532,000
BOA, P.O. Box 600-02-26, Jacksonville, FL 32232	27,944

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 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.

☐ I 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 INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Jacksonville Chamber of Commerce	3 Independent Drive, Jax, FL 32202	158,612
Navy Retirement	E 56th St Indianapolis, IN 46224	90,785

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 10th day of June, 2020 by Jessica B. Matthews

Jessica B. Matthews
(Signature of Notary Public--State of Florida)

JESSICA B. MATTHEWS
Commission # GG 185609
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

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

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

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 ☑

Part B Continued.....

Savings Bonds*	15,129
Nest Eggs 401K*	182,908
Thrift Savings Plan*	79,568
NFCU Savings*	513
FRS*	31,720
NFCU Money Market*	8,987
Sub Total*	**$ 318,825**

Bond Account.....*

Cash	23,478
Escambia CNTY School Board SALES TAX REV SER 201	26,486
GRAPEVINE-COLLEYVILLE INDPT SCH DIST TX FORMERLY GRAPEVINE TEXAS INDPT	19,857
PHILADELPHIA PA ARPT REV, AIRPORT REV REF BDS	10,391
SAVANNAH VALLEY TN UTIL DIST HAMILTON CNTY WTRWKS REV	5,107
TENNESSEE HSG DEV AGY, HOMEOWNERSHIP PROG BDS	5,102
Sub Total*	**$90,421**

Part B Continued.....

Stocks*

Cash	52,537

ABBOTT LABS	11,292
ABBVIE INCORPORATED	8,854
ADOBE INCORPORATED	13,192
ALPHABET INCORPORATED	26,788
AMAZON INCOPRPORATED	36,957
APPLE INCORPORATED	29,365
BOEING COMPANY	26,061
CVS HEALTH CORPORATION	13,372
CHEMED CORPORATION	13,178
CHEVRON CORPORATION	12,051
COCA COLA COMPANY	16,605
COMCAST CORPORATION	8,994
CROWN CASTLE INTERNATIONAL	14,215
DISNEY WALT COMPANY COM DISNEY	11,570
HONEYWELL INTERNATIONAL	17,700
KONINKLIJKE PHILLIPS	14,640
L3HARRIS TECHNOLOGIES	11,872
MASTEC INCORPORATED	9,624
MASTERCARD INCORPORATED CLASS A	44,788
MEDICAL PPTYS TRUST	12,666
MICROSOFT	34,694
MONDELEZ INTERNATIONAL INCORPORATED	11,016
PAYCHEX INCORP	14,460
PHILLIPS 66	16,711
PRINCIPAL FINL GROUP INCORPORATED	6,765

ROPER TECHNOLOGIES	28,338	
SOUTHERN COMPANY	17,836	
T MOBILE US INCORPORATED	10,979	
TEREDYNE INCORPORATED	10,229	
VERIZON COMMUNICATIONS INCORP	15,350	
Stocks Subtotal	**$572,699**	
Retirement Accounts.....		
Debbie SEP ROTH*		
XXX[redacted]		23,167
Debbie SEP IRA*		
XXXX[redacted]		79,845
AA Roth*		
XXX[redacted]		25,999
XXX[redacted]		70,637
Subtotal*	**$199,648**	
Part B Total Addendum:*		**$1,181,593**

Part D Income Cont.....

Veterans Administration*	1250 Taylor Street NW Washington, DC 20011	14,590
Jacksonville City Council*	117 West Duval Street, Jacksonville, FL 32202	57,115
Raymond James Div Income (Stock)	245 Riverside Ave, Suite 500, 32202*	8,442
Raymond James Cap Gains (Stock)*		19,846
Raymond James Income (Bonds)*		2,249