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FLORIDA  
COMMISSION ON ETHICS

JUL 03 2017

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William Irving Gulliford  
City Council Member  
Jacksonville  
Council & Constitutional Officers  
117 W Duval St Ste 425  
Jacksonville, FL 32202-5712

PROCESSED



ID Code

ID No. 241821

Conf. Code

Gulliford, William Irving



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, 2016 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, 2016 was \$ 1,759,003.

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 \$ 154,500.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
75 BEACH AVE. ATLANTIC BEACH, FL (RESIDENCE)	1,587,857
SUNTRUST CHECKING ACCOUNT (JOINT)	11,321
SUNTRUST MONEY MARKET ACCOUNT (JOINT)	3,381
CONTINUED, NEXT PAGE	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNTRUST MORTGAGE 500 3RD ST. NEPTUNE BCH, FL	375,540
SUNTRUST (AUTO LOAN) 500 3RD ST. NEPTUNE BCH, FL	9,250
ROCKY MOUNTAIN LANDS P.O. BOX 500 TEMPE, AZ	14,260
CREDIT CARD & STORE ACCOUNT BALANCES	3,619

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2016 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
CITY OF JACKSONVILLE	117 W. DUVAL ST. JAX, FL 32202	42,326.
CONTINUED, NEXT PAGE		

**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 Alachua Duval

Sworn to (or affirmed) and subscribed before me this 30<sup>th</sup> day of

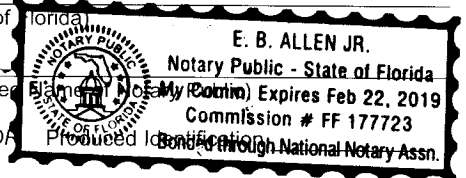
June 2017

(Signature of Notary Public--State of Florida)

E.B. Allen Jr.  
 (Print, Type, or Stamp Commissioner's Name)

Personally Known  OR

Type of Identification Produced



[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, WILLIAM I. GULIFORD, 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]  
 Signature

6/30/2017  
 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 ADDITIONAL INFORMATION  
2016**

**PART B - ASSETS (continued)**

Total from page 1	1757059
Land in Three Forks Montna	20000
Value of closely held Company - Major Machinery & Equipment LLC	36000
Individual Retirement Accounts	319,820
E Trade Money Market Account	2793
Loan Receivable - Major Machinery & Equipment LLC	26000
<b>Total Assets:</b>	<b>2161672</b>

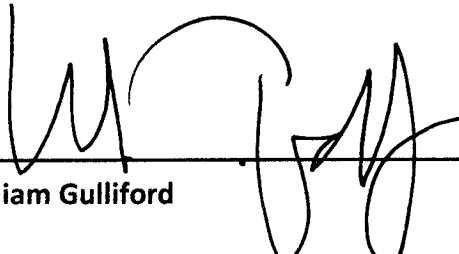
**PART C - LIABILITIS**

**Total Liabilities:** 402669

**Net Worth:** 1759003

**PART D - INCOME (continued)**

Total from page 1	42326
Major Machinery & Equipment 12849 Philips Highway Jax,FL	14059
Social Security Benefits	37217
Note Receivable Interest payments - Major Machinery & Equipment LLC	3435
IRA Distribution	36100
Proceeds form Operation of S Corp. - Major Machinery & Equipment LLC	4997
<b>Total Income:</b>	<b>138134</b>

  
\_\_\_\_\_  
William Gulliford