## **CANDIDATE OATH** STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

# RECEIVED

JAN 0 9 2023

DUVAL COUNTY ELEC.

	OFFICE USE ONLY
Candidat	e Oath
(0 - 4) - 00 004(4)(-)	to the control of the
1, MATT (Section 99.021(1)(a),	
(Print name above as you wish it to appear on the ballot. If	your last name consists of two or more names but has no
hyphen, check box (see page 2 - Compound Last Name	es). No change can be made after the end of qualifying.)
am a candidate for the office of (Office)	city Council Graff ATLG.
(Office)	Ode Val (District #) (Circuit #)
(Group or Seat #); my legal residence is 1532 Alex	County, Florida; I am a qualified elector
under the Constitution and the Laws of Florida to hold the office	to which I desire to be nominated or elected; I have qualified
for no other public office in the state, the term of which office or	any part thereof runs concurrent with the office I seek, and I
have resigned from any office from which I am required to res support the Constitution of the United States and the Constitution	of the State of Florida
Statement (Section 99 021(1)(b)	Florida Statutes)
I am a member of the Republican Par	ty: I have been a registered member of this political party, for
which I am seeking nomination as a candidate, for 365 days before	ore the beginning of qualifying preceding the general election
for which I seek to qualify; and I have paid the assessment levied	against me, if any, by the executive committee of the above-
stated political party.	
	1.347/116
Candidate's Florida Voter Registration Number (located on you	waster information pardly // // // // //
	r voter information card).
Phonetic spelling for audio ballot: Print name phonetically on	the line below as you wish it to be pronounced on the audio
	the line below as you wish it to be pronounced on the audio
Phonetic spelling for audio ballot: Print name phonetically on	the line below as you wish it to be pronounced on the audio
Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions	the line below as you wish it to be pronounced on the audio on page 2 of this form):
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Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions  X	the line below as you wish it to be pronounced on the audio on page 2 of this form):  3 0999 Marrie matricar Lucci.  Email Address Con State ZIP Code  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  RACHAEL D WYSUPH
Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions    Yard   Oad 703	the line below as you wish it to be pronounced on the audio on page 2 of this form):  3 0999 Marrie matricar Lucci.  Email Address  State  ZIP Code  Print, Type, or Stamp Commissioned Name of Notary Public below:  RACHAEL D WYSUPH  Notary Public, State of Florida
Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions    Yard 703	the line below as you wish it to be pronounced on the audio on page 2 of this form):  3 0999 Marrie matricar Lucci.  Email Address Con State ZIP Code  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  RACHAEL D WYSUPH

### JAN 0 9 2023

### 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 01/05/2023

### **General Information**

Name:

Mr Matthew Francis Carlucci

Address:

1532 Alexandria Pl S, Jacksonville, FL 32207

PID 35010

County:

Duval

#### **AGENCY INFORMATION**

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	City Council Member, At- Large Group 4
Jacksonville	Jacksonville International Airport Area Redevelopment Agency	City Council Member, At- Large Group 4
Jacksonville	Renew Arlington Community Redevelopment Area	City Council Member, At- Large Group 4
Jacksonville	Soutel/Moncrief Retail Redevelopment Area	City Council Member, At- Large Group 4

#### **CANDIDATE FOR**

Position	Agency Name	Position sought or held
Jacksonville City Council	Jacksonville City Council member at large group 4	Jacksonville City Council member at large group 4

#### **Net Worth**

My Net Worth as of <u>December 31, 2022</u> was \$ 5,602,311.15.

#### Assets

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 effect is \$325,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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Description of Asset	Value of Asset
Regions bank checking account	\$ 1,247.78
Regions bank savings	\$ 32,516.14
Regions bank savings	\$ 2,841.30
Regions bank money market	\$ 92,366.85
Regions bank checking	\$ 6,819.00
Regions bank	\$ 31,306.32
Cogent bank money market	\$ 2,550.00
Equitable retirement IRA	\$ 411,504.97
American funds simple IRA	\$ 116,187.26
Lincoln financial IRA	\$ 270,603.85
State farm credit Union savings	\$ 10,203.87
State farm credit Union savings	\$ 8,972.89
State Farm credit union savings	\$ 3,449.61
State farm credit union Savings	\$ 2,167.05
State Farm credit union savings	\$ 4,381.50
State farm credit union savings	\$ 10,568.01
State Farm insurance Agency	\$ 1,156,421.39
Equitable aggressive growth strategy	\$ 411,504.97
American funds 2060 target date	\$ 116,187.26
One year S & P5 105% DRC spread	\$ 89,299.27
One year fidelity AIM dividend participation	\$ 92,005.31
One year S & P 500 participation	\$ 89,299.27
State farm Whole life insurance	\$ 10,915.10
State farm whole life insurance	\$ 4,956.64
State farm whole life insurance	\$ 9,249.31
State farm whole life insurance	\$ 9,149.44
State farm whole life insurance	\$ 67,959.70
State farm whole life insurance	\$ 67,953.72
State farm whole life insurance	\$ 72,359.06
State farm whole life insurance	\$ 37,932.96
State Farm universal life insurance	\$ 36,376.44
State farm deferred life annuity	\$ 18,481.85
2021 Chevy Tahoe	\$ 49,000.00

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Description of Asset	Value of Asset
2019 Mercedes c24	\$ 50,000.00
2014 Bass Tracker Boat	\$ 2,500.00
Home 1532 Alexandria Pl. S., Jacksonville 32207	\$ 906,300.00
Insurance office 3707 Hendricks Ave., Jacksonville, FL 32207	\$ 680,000.00
3535 Hendricks Ave., Jacksonville, FL 32207 rental property	\$ 300,000.00
2837 Bass Haven Ln., Saint Augustine, FL	\$ 239,000.00
Sheridan place vacant lot Jacksonville, FL 32207 commercial	\$ 35,000.00

### Liabilities

### LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Cogent bank mortgage 3535 Hendricks Ave., Jacksonville, FL 32207	5011 Gate Parkway building 100 Suite 150 Jacksonville 32256	\$ 241,954.47
State farm credit union Tahoe loan	PO Box 853944, Richardson, TX 75085	\$ 25,372.12
State farm credit union Mercedes loan	PO Box 853 944, Richardson, TX	\$ 14,900.35

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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Income					
Identify each separate sourcincome.	e and amount of inc	come which exc	eeded \$1,000 during	g the year, including sec	ondary sources of
PRIMARY SOURCES OF INCO	ME:				
Name of Source of Income	e Exceeding \$1,000 Address of Source of Income Amount			Amount	
Matthew F Carlucci insuran state farm agency	w F Carlucci insurance agency Inc.		ndrix Ave., Jacksonville, FL 32207		\$ 383,075.02
City of Jacksonville		117 W. Duvall	St., Jacksonville, FL	32207	\$ 49,974.00
SECONDARY SOURCES OF IN  Business Entity	Major Custo  Major Source  Business Inco	es of	Address	Principa	l Business of Source
JECONDAN' JOURCES C. III				ή-	
	Business Inco	ome	Audiess	Activity	of Source
N/A			<u> </u>		
Interests in Specifie	d Businesses				
Business Entity # 1					
N/A					
Training					·
☑ I certify that I have com	npleted the required	d training under	Section 112.3142, F.	.S.	
☐ Required training unde	r Section 112.3142,	F.S., not applica	ble to filer for this fo	orm year.	

Filed with COE: 01/05/2023

### **Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

## Matthew Francis Carlucci

Digitally signed: 01/05/2023

Filed with COE: 01/05/2023

MATT CARLUCCI CAMPAIGN ACCOUNT
MARJORIE A DAVIS TREASURER
1532 ALEXANDRIA PL S.
JACKSONVILLE FEL32207-4050

DATE 15 2025

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