

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

RECEIVED

JAN 09 2023

DUVAL COUNTY ELEC.
By VH

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, AL FERRARO
(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 Names). No change can be made after the end of qualifying.)

am a candidate for the office of MAYOR, _____, _____,
(Office) (District #) (Circuit #)

_____ ; my legal residence is 11187 SCHOONER CT. County, Florida; I am a qualified elector
(Group or Seat #) DUVAL JACKSONVILLE, FL 32225

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 resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the REPUBLICAN Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 103786965

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

X [Signature] (904) 962-5246 4Ferraro@comcast.net
Signature of Candidate Telephone Number Email Address
11187 SCHOONER CT. JACKSONVILLE FL 32225
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF DUVAL

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 9 day of January, 2023.
Personally Known OR Produced Identification
Type of Identification Produced: _____



JAN 09 2023

2022 Form 6 - Full and Public Disclosure of Financial Interests

DUVAL COUNTY ELEC.

By YH

Filed with COE: 01/04/2023

General Information

Name: Albert Joseph Ferraro

Address: 117 W Duval St Ste 425, Jacksonville, FL 32202

PID 258607

County: Duval

AGENCY INFORMATION

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	City Council Member, District 2
Jacksonville	Jacksonville International Airport Area Redevelopment Agency	City Council Member, District 2
Jacksonville	Renew Arlington Community Redevelopment Area	City Council Member, District 2
Jacksonville	Soutel/Moncrief Retail Redevelopment Area	City Council Member, District 2

CANDIDATE FOR

Position	Agency Name	Position sought or held
City of Jacksonville Mayor	City of Jacksonville	City of Jacksonville Mayor

Net Worth

My Net Worth as of December 31, 2022 was \$ 674,563.46.

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 01/04/2023

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 \$ 85,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence, 11137 Schooner Ct., Jax., FL 32225	\$ 406,000.00
Rental Property, 5732 Summerall Rd., Jax., FL 32216	\$ 165,000.00
Value of closely held company Ferraro Lawn Service	\$ 75,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Bank of America	P.O. Box Simi Valley, CA 93094	\$ 3,100.54
Ferraro Family Trust	7931 2nd Street, St. Pete, FL 33702	\$ 53,336.00

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 source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Ferraro Lawn Service	5732 Summerall Jax., FL 32216	\$ 85,631.53
City of Jacksonville	117 West Duval Street, Jax., FL 32202	\$ 44,301.52
Rental Income	5732 Summerall Rd., Jax., FL 32216	\$ 31,750.34

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Training

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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.

Albert Joseph Ferraro

Digitally signed: 01/04/2023

Filed with COE: 01/04/2023

