

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

**RECEIVED**

**JAN 12 2023**

DUVAL COUNTY ELEC.  
By VH

OFFICE USE ONLY

**Candidate Oath**

I, Celestine Mills (Section 99.021(1)(a), Florida Statutes)  
(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 City Council, 9, \_\_\_\_\_  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; my legal residence is Duval County, Florida; I am a qualified elector  
(Group or Seat #)

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 Democrat 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): 103375583

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** Celestine Mills (904) 502-2606 CelestineMills.eatt@net  
Signature of Candidate Telephone Number Email Address  
4747 Fireside Dr W Jacksonville FL 32210  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Brenda K. Byles  
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 12<sup>th</sup> day of January, 2023.

Personally Known  OR Produced Identification

Type of Identification Produced: FL Driver Lic

BRENDA K. BYLES  
Notary Public, State of Florida  
My Comm. Expires 08/15/2023  
Commission No. GG366249

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**General Information**

Name: Ms Celestine Ophelia Mills  
 Address: 4747 Fireside Dr West, Jacksonville, FL 32210  
 County: Duval

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Jacksonville City Council	City of Jacksonville	Jacksonville City Council District 9 Duval County

**Net Worth**

My Net Worth as of December 31, 2022 was \$ 183,016.00.

**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 \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

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

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**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
Northwest Jacksonville CDC	3416 Moncrief Road Ste 200 Jacksonville, FL 32209	\$ 18,461.52
Bridge To The Cure	3416 Moncrief Road Ste 200 Jacksonville, FL 32209	\$ 14,718.96
Northeast Florida Coalition Healthy Start	5300 North Pearl Street Jacksonville, FL 32208	\$ 6,200.00

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

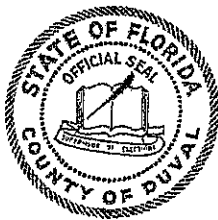
N/A

**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.

***Celestine Ophelia Mills***

Digitally signed: 01/09/2023



OFFICE OF THE SUPERVISOR OF ELECTIONS

MIKE HOGAN  
SUPERVISOR OF ELECTIONS  
OFFICE: (904) 255-3444  
CELL: (904) 219-8924

105 EAST MONROE STREET  
JACKSONVILLE, FLORIDA 32202  
FAX: (904) 255-3434  
E-MAIL: MHOGAN@COJ.NET

December 30, 2022

Celestine Mills  
Candidate for City Council  
4747 Fireside Dr. W  
Jacksonville, FL 32210

Dear Celestine:

I am happy to inform you that you have obtained the required number of valid signatures on your candidate petitions for the office of City Council. This certification only excuses you from paying the qualifying fee and any party assessment when seeking to qualify for this office. The certification does not excuse you from submitting other qualifying papers required by the Florida Election Code.

However, please note that when you dispose of surplus campaign funds, you must comply with Section 106.141(7), Florida Statutes, which provides:

Any candidate who filed an oath stating that he or she was unable to pay the fee for verification of petition signatures without imposing an undue burden on his or her personal resources or on resources otherwise available to him or her shall reimburse the state or local government entity, whichever is applicable, for such waived fee. If there are insufficient funds in the account to pay the full amount of the fee, the remaining funds shall be disbursed in the above manner until no funds remain. All funds disbursed pursuant to this subsection shall be remitted to the qualifying officer.

If you need additional information, please contact Lana Self at (904) 255-3429.

Sincerely,

A handwritten signature in black ink that reads "Mike Hogan".

Mike Hogan  
Supervisor of Elections.