CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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JAN 10 2023

DUVAL COUNTY ELEC. By_____

OFFICE USE CIVET						
Candidate Oath (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 (ify Council), (Office), (District #), (Circuit #)						
; my legal residence is 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						
I am a member of the 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): 119556155						
Candidate's Florida Voter Registration Number (located on your voter information card): 119556155 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): CAN ZEE						
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):						

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2022 Form 6 - Full and Public Disclosure of Financial Interests

DUVAL COUNTY ELEC.

General Information

Name:

Mr JOHNNY NEAL CAUSEY

Address:

4206 SHERMAN HILLS PKWY W, JACKSONVILLE, FL 32210

County:

Duval

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Jacksonville City Council

FL

City Councilman District 12, Duval

Count

Net Worth

My Net Worth as of December 31, 2022 was \$ 799,200.00.

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 \$637,200.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
4206 SHERMAN HIULLS PKWY W JACKSONVILLE FL 32210	\$ 582,000.00
SOLAR PANELS	\$ 41,000.00
CELLULAR PHONES	\$2,000.00
JEWELRY	\$ 60,000.00
GUNS	\$10,000.00
TV'S	\$ 8,000.00
FURNITURE	\$ 160,000.00
LIFE INSURANCE	\$150,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
CARRINGTON MORTGAGE	P O BOX 3010 ANNAHEIM CA 92803	\$ 22,692.00
JEA UTILITIES	21 WESTCHURCH ST, JACKSONVILLE , FL 32202	\$ 3,600.00
FLALLSTATE	15721 SHERIDAN ST FORT LAUDERDALE FL 33331	\$ 7,680.00
CAPITAL ONEAUTO	PO BOX 60511 CITY OF INDUSTRY, CA 91716-0511	\$ 8,724.00
CAPITAL ONE AUTO	PO BOX 60511 CITY OF INDUSTRY, CA 91716-0511	\$ 6,240.00
AMERICAN FINANCIAL (WORK)	PO BOX 2308 SIOUX CITY, IA 51106	\$ 5,280.00
INTERNET AT&T	PO BOX105251	\$ 1,128.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor		Amount of Liability
N/A		e de la companya de l	

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
SOCIAL SECURITY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PO BOX 67620 WILKES=BARRE, PA 18767-7620	\$ 1,762.00
DFAS CLEVELAN CODE ADBCD	1240E 9TH STREET CLEVELAND, OH 44199	\$ 3,904.00
VA RETIREMENT	110 9TH, AVENUE SOUTH NASHVILLE, TN 37203	\$ 1,437.66
VA DISABILITY	110 9TH, AVENUE SOUTH NASHVILLE, TN 37203	\$ 3,332.06

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 Spe	cified 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.

JOHNNY NEAL CAUSEY

Digitally signed: 01/09/2023

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JAN 10 2023

DUVAL COUNTY ELEC. By_____

JOHNNY CAUSEY CAMPAIGN 4206 SHERMAN HILLS PKWY W	1002
Hadaa Haaraa	- 2023 Date
Pay to the Supervisor of Elections Three Thousand Four Hundred Eight	\$ 3408-24 2 24 Photo
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