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JAN 06 2023

DUVAL COUNTY ELEC.  
By BB

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

OFFICE USE ONLY

**Candidate Oath**

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

I, JERRY HOLLAND  
(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 Supervisor of Elections,  
(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 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): 103591199

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):

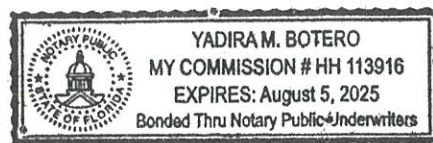
Jerry Holland (904) 318-6877 jdholland2003@AOL.com  
Signature of Candidate Telephone Number Email Address  
1688 Harrington Park Dr. Jacksonville FL 32225  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Yadira M. Botero  
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 16<sup>th</sup> day of December, 2022  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_



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BS

2022 Form 6 - Full and Public Disclosure of Financial Interests

DUVAL COUNTY ELEC.  
By Filed with COE: 01/04/2023

**General Information**

Name: Hon Gerald Donald Holland  
Address: 1688 Harrington Park Dr, Jacksonville, FL 32225 PID 35008  
County: Duval

**AGENCY INFORMATION**

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	Property Appraiser

**Net Worth**

My Net Worth as of December 31, 2022 was \$ 2,448,467.00.

**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 \$ 230,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Fifth Third Bank Checking	\$ 26,218.00
Fifth Third Bank Money Mkt	\$ 125,003.00
Fifth Third Bank Securities	\$ 96,058.00
Prudential Flex Guard	\$ 181,280.00
Capital Group Fund	\$ 44,965.00
Plan Member Elite IRA	\$ 3,690.00
Northwestern Mutual Life Insurance Cash Value	\$ 321,253.00
Loan to Campaign Account	\$ 150,000.00
Home 1688 Harrington Park Drive Fl 32225	\$ 1,500,000.00

**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		

<b>Income</b>			
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	
City of Jacksonville	117 W. Duval St. Jacksonville FL 32202	\$ 186,509.00	
Social Security Administration	1300 D St. SW Washington DC	\$ 42,340.00	
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			

<b>Interests in Specified Businesses</b>
<b>Business Entity # 1</b>
N/A

<b>Training</b>
<input checked="" type="checkbox"/> I certify that I have completed the required training under Section 112.3142, F.S.
<input type="checkbox"/> 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.

***Gerald Donald Holland***

Digitally signed: 01/04/2023

Filed with COE: 01/04/2023

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DUVAL COUNTY ELEC.

By [Signature]

**JERRY HOLLAND FOR SOE**

CAMPAIGN ACCOUNT  
1688 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225  
(904)220-0123

1413

1/4/2023

Date

Pay to the Order of Supervisor of Election

\$ 11,070. <sup>60</sup>/<sub>100</sub>

eleven thousand and seventy dollars + <sup>60</sup>/<sub>100</sub>

Dollars

Photo Safe Deposit® Details on back



FIFTH THIRD BANK

For Quintly fee

[Signature]

MP