# CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

# **RECEIVED**

JAN 1 1 2023

DUVAL COUNTY ELEC. By

OFFICE USE ONLY

Candidate Oath
I. Jennifer Casey
I, Jenniter Lasey
(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 , 2 , (Circuit #)
(Office) (District #) (Circuit #)
; my legal residence is Duva 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 have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I wil
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.
Condidate's Florida Votor Registration Number (located on your voter information card): 103777310
Candidate's Florida Voter Registration Number (located on your 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
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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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):  JEN-i-fuhr KAI-see  (904) 994-5153 jen.casey@hotmail.com
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):  JEN-i-fuhr KAI-see  Yeur (904) 994-5153 jen.casey@hofmail.com Signature of Candidate Telephone Number  Telephone Number  Telephone Number
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):  JEN-i-fuhr KAI-see  (904) 994-5153 jen.casey@hotmail.com
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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):  JEN-i-fuhr KAI-see  (904) 994-5153 jen.casey@Nofmail.com Signature of Candidate Telephone Number Email Address  974 Corsica (N. Jacksonville FL 32218 Address State ZIP Code  STATE OF FLORIDA
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):  JEN-i-fuhr KAI-see  Yellowal 1994-5153 jen.casey@Notmail.com Signature of Candidate Telephone Number Email Address  974 Corsica (n. Jacksonville FL 32218 Address City State ZIP Code  STATE OF FLORIDA COUNTY OF Duval Signature of Notary Public
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):  JEN-i-fuhr KAI-see  (904) 994-5153 jen.casey@Nofmail.com  Signature of Candidate Telephone Number Email Address  974 Corsica In. Jacksonville FL 32218  Address City State ZIP Code  STATE OF FLORIDA  COUNTY OF Duval  Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
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):  JEN-I-fuhr KAI-see  Yelephone Number  Grandidate  Telephone Number  Grandidate  Telephone Number  Grandidate  Signature of Candidate  Telephone Number  Grandidate  State  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  BRENDA K. BYLES
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):  JEN-I-fuhr KAI-see  Yelephone Number  Telephone Number  Gradess  City  State  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  BRENDA K. BYLES  Notary Public, State of Florida
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):  JEN-I-fuhr KAI-see  Yelephone Number  Gradidate  Telephone
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):  JEN-i-fuhr KAI-see  Yelephone Number  Telephone Number  Telephone Number  Gity  State  Signature of Candidate  Telephone Number  Email Address  City  State  ZIP Code  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  BRENDA K. BYLES  Notary Public, State of Florida  this 11th day of 1 20 222.  My Comm. Expires 08/15/2023

## RECEIVED

## JAN 1 1 2023

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

DUVAL COUNTY ELEC.

Filed with COE: 01/06/2023

**General Information** 

Name:

Jennifer Catherine Casey

Address:

974 Corsica Ln, Jacksonville, FL 32218

PID 275830

County:

Duval

#### AGENCY INFORMATION

Organization

Suborganization

Title

Duval Soil & Water Cons. District

**Board of Supervisors** 

Chairperson

#### **CANDIDATE FOR**

Position

Agency Name

Position sought or held

Jacksonville City Council

Jacksonville City Council

Jacksonville City Council District 2

#### **Net Worth**

My Net Worth as of December 31, 2022 was \$ 288,943.25.

#### 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 \$ 75,800.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence (974 Corsica Ln., Jacksonville, FL 32218)	\$ 404,000.00
Bank Accounts (VyStar)	\$ 9,254.18
Candidate Loan to Campaign	\$ 4,100.00

Filed with COE: 01/06/2023

### Liabilities LIABILITIES IN EXCESS OF \$1,000: Amount of Liability Name of Creditor **Address of Creditor** 700 Kansas Lane, Monroe, LA 71203 \$ 176,602.11 J.P. Morgan Chase \$4,187.21 P.O. Box 45085, Jacksonville, FL 32232 VyStar 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
Father's Harbor Academy	8595 Beach Blvd #301, Jacksonville, FL 32216	\$ 31,201.30

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	

Filed with COE: 01/06/2023

#### Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

# Jennifer Catherine Casey

Digitally signed: 01/06/2023

Filed with COE: 01/06/2023



#### 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

Jennifer Casey Candidate for City Council 731 Duval Station Road, #107-36 Jacksonville, FL 32218

#### Dear Jennifer:

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.

Mike Hogan

Supervisor of Elections.