CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

RECEIVED

JAN 10 2023

DUVAL COUNTY ELEC.

By / H

| | OFFICE USE ONLY | |
|--|---|--|
| Candidat | | |
| (Section 99.021(1)(a), Keshan Gainey Chambliss | 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 Name | s). No change can be made after the end of qualifying.) | |
| am a candidate for the office of City Council | | |
| (Office) | (District #) (Circuit #) | |
| ; my legal residence is Duval | County, Florida; I am a qualified elector | |
| 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 have resigned from any office from which I am required to resupport the Constitution of the United States and the Constitution | any part thereof runs concurrent with the office I seek; and I ign pursuant to Section 99.012, Florida Statutes; and I will | |
| Statement (Section 99.021(1)(b). | | |
| Constitution and the Constitution of the Const | ty; I have been a registered member of this political party, for | |
| which I am seeking nomination as a candidate, for 365 days before | ore 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) | | |
| 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 1/2 dies (1904) 334-336 | 0 0 | |
| Signature of Candidate Telephone Number | Email Address | |
| 5846 Felix Drive North Jacksonville | FL 32219 State ZIP Code | |
| Address City | otate 2., seat | |
| STATE OF FLORIDA | Bounds T. Pela | |
| COUNTY OF DUVA | Signature of Notary Public | |
| Sworn to (or affirmed) and subscribed before me by means of | Print, Type, or Stamp Commissioned Name of Notary Public below: | |
| | | |
| | BRENDA K. BYLES | |
| | Notary Public, State of Florida My Comm. Expires 08/15/2023 | |
| Personally Known OR Produced Identification | Commission No. GG366249 | |
| Type of Identification Produced: FI Drives / IC. | | |

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General Information

DUVAL COUNTY ELEC.

Name:

Dr Keshan LaFaye Chambliss

Address:

5846 Felix Drive North, Jacksonville, FL 32219

County:

Duval

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Jacksonville City Council

Jacksonvill City Council District 10

Jacksonville City Council District 10

Net Worth

My Net Worth as of <u>December 31, 2022</u> was \$ 371,978.89.

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 \$20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset | |
|---------------------------|----------------|--|
| 5846 Felix Drive North | \$ 200,900.00 | |
| 6422 Kinlock Drive | \$ 168,300.00 | |
| Navy Federal Credit Uniom | \$ 1,200.00 | |
| USAA Investment | \$ 5,000.00 | |
| Chevy Suburban | \$ 5,747.00 | |
| Lexus RX | \$ 53,000.00 | |

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|---------------------------|--|---------------------|
| Lexus Financial Services | PO Box 9490 Cedar Rapids, IA 52409 | \$ 26,391.54 |
| Navy Federal Credit Union | 150 Riverside Ave. Suite 101, Jacksonville, FL 32202 | \$ 55,776.57 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2022 Form 6 - Full and Public Disclosure of Financial Interests

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 |
|--|---|--------------|
| Supporting and Improving Lives | 3119 Spring Glen Road Suit3 102, Jacksonville, FL 32207 | \$ 27,140.00 |
| Florida Air National Guard | 8899 East 56th Street, Indianapolis, IN 46249 | \$ 21,233.52 |
| Gainey Support Services LLC | 5846 Felix Drive North | \$ 23,266.00 |

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.

Keshan LaFaye Chambliss

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

Keshan Gainey Chambliss Candidate for City Council 5846 Felix Drive North Jacksonville, FL 32219

Dear Keshan:

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.