CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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JAN 13 2023

DUVAL COUNTY FIEC.

	OFFICE USE ONLY		
am a candidate for the office of (Office)	your last name consists of two or more names but has no es). No change can be made after the end of qualifying.) (District #) (Circuit #)		
; my legal residence is(V/() (Group or Seat #)	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 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			
(Section 99.021(1)(b), Florida Statutes) 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 you	r voter information card): 102817526		
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 X (904) 465-158 Signature of Candidate Telephone Number A45 W 54 Steef TackSonville Address City	55 Kimpryortyaxcitycouncil@gmail.com Email Address FL 32266 State ZIP Code		
STATE OF FLORIDA	Inomota K. Ques		
COUNTY OF DUVAL	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	Tilli, Type, or Stamp Sommodones 2		
online notarization OR physical presence	BRENDA K. BYLES		
this 3° day of 3° day of 3° .	Notary Public, State of Florida		
Personally Known OR Produced Identification	My Comm. Expires 08/15/2023 Commission No. GG366249		
Type of Identification Produced: FL Driver LC.			

JAN 13 2023

DUVAL COUNTY ELEC.

General Information

Name:

Kim Pryor

Address:

245 W 5TH ST, JACKSONVILLE, FL 32206

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 7

Net Worth

My Net Worth as of <u>December 31, 2022</u> was <u>\$ 1,005,683.00</u>.

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 \$75,538.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
245 W 5th Street	\$ 220,153.00
1512 Florida Avenue	\$ 7,460.00
1551 Van Buren	\$ 22,040.00
120 W 23rd Street	\$41,988.00
Campaign Loan	\$ 10,000.00
Fidelity Investments	\$536,505.00
Raymond James IRA	\$151,736.00
Vystar Credit Union	\$ 37,860.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Cred	ditor	Address of Creditor	Amount of Liability
South State	- A	P:O Box 118068, Charleston, SC 29423	\$ 39,864.00
Mr. Cooper	7 ((/ /	P.O. Box 818060, Cleveland, OH 44181	\$ 57,733.00

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
Rental Income	Van Buren, W 23rd, Florida	\$ 16,500.00

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		M John V	STAAN

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.

Kim Pryor

Digitally signed: 01/12/2023

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DUVAL COUNTY ELEC. By

CAMPAIGN ACCOUNT FOR KIMBERLY PRYSKIMBERLY PRYOR	OR 127
245 WEST 5TH ST JACKSONVILLE, FL 32206	Jan 13, 2023
Supply of State	
Med Housand four hun	and right and 24/100 12
P.O. Box 45085 - Jacksonville, FL 32232-508 Qualifying	KniPryer