

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

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JAN 12 2023

DUVAL COUNTY ELEC.
By VH

OFFICE USE ONLY

Candidate Oath

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

I, Solomon Olopade,

(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, 8, _____,
(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 Democrat 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): 120273830

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 Solomon Olopade (904) 201 0393 7forsolomon@gmail.com
Signature of Candidate Telephone Number Email Address
Jacksonville Florida 32218
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Duval

Brenda F. Byles
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 12th day of January, 2023.
Personally Known OR Produced Identification
Type of Identification Produced: FL Driver Lic

BRENDA K. BYLES
Notary Public, State of Florida
My Comm. Expires 08/15/2023
Commission No. GG366249

JAN 12 2023

2022 Form 6 - Full and Public Disclosure of Financial Interests

DUVAL COUNTY ELEC.
By VA

General Information

Name: SOLOMON OLOPADE
Address: 12565 SAMPSON RD, JACKSONVILLE, FL 32218
County: Duval

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Duval Supervisor of Elections	District 8

Net Worth

My Net Worth as of December 31, 2022 was \$ 100,000.00.

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 \$ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
real property	\$ 50,000.00

2022 Form 6 - Full and Public Disclosure of Financial Interests

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		

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
Building Construction	N/A	\$ 10,000.00
Building	N/A	\$ 10,000.00

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.

SOLOMON OLOPADE

Digitally signed: 01/12/2023

For Qualifying
Purposes Only

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DUVAL COUNTY ELEC.
By VH

CAMPAIGN ACCOUNT FOR SOLOMON OLOPADE 01/12/23 [REDACTED] 113
SOLOMON OLOPADE
PO BOX 11483
JACKSONVILLE FL 32239-1483
904-201-0393

DATE 01/12/2023

PAY TO THE ORDER OF DUVAL SUPERVISOR OF ELECTIONS \$3,408.24
THREE THOUSAND FOUR HUNDRED EIGHTY 24/100 DOLLARS


VyStar Credit Union
P.O. Box 15085 • Jacksonville, FL 32232-5085

FOR Campaign Qualifying [REDACTED] [Signature] [REDACTED] MP

Security Features Details on Back.