

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

RECEIVED

JAN 09 2023

DUVAL COUNTY ELEC.
By [Signature]

OFFICE USE ONLY

Candidate Oath

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

I, **JOSEPH HOGAN**

(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, 7,
(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): 103746538

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):
JOSEF HOGAN

X <u>[Signature]</u> Signature of Candidate	<u>(904) 626.8336</u> Telephone Number	<u>JOSEPH@NRBuilding.com</u> Email Address
<u>4363 WATER OAK LANE</u> Address	<u>JACKSONVILLE</u> City	<u>FL 32210</u> State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

[Signature]
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 9th day of January, 2023.
Personally Known OR Produced Identification
Type of Identification Produced: _____

BRENDA K. BYLES
Notary Public, State of Florida
My Comm. Expires 08/15/2023
Commission No. GG386249

JAN 09 2023

DUVAL COUNTY ELEC.
By *ES*

General Information

Name: Mr JOSEPH EDWARD HOGAN
 Address: 4363 WATER OAK LANE, JACKSONVILLE, FL 32210
 County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Jacksonville City Council	JACKSONVILLE CITY COUNCIL	DISTRICT 7

Net Worth

My Net Worth as of December 31, 2022 was \$ 556,000.00.

For Qualification Purposes Only

2022 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 95,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
PRIMARY RESIDENCE	\$ 650,000.00
STOCKS	\$ 120,000.00
VEHICLE	\$ 20,000.00
VEHICLE	\$ 10,000.00
CASH	\$ 102,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
FIRST FEDERAL	9700 Touchton Road Jacksonville, FL 32246	\$ 346,000.00

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
FLORIDA AIR NATIONAL GUARD	14300 Fang Dr, Jacksonville, FL 32218	\$ 6,300.00
NORTH RIVER BUILDING	PO BOX 840277, ST. AUG, FL 32080	\$ 80,000.00

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

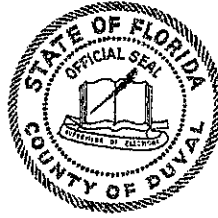
N/A

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.

JOSEPH EDWARD HOGAN

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

Joseph Hogan
Candidate for City Council
4363 Water Oak Ln.
Jacksonville, FL 32210

Dear Joseph

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.