

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

**RECEIVED**

**JAN 13 2023**

DUVAL COUNTY ELEC.  
By VH

OFFICE USE ONLY

**Candidate Oath**

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

I, SHANNA CARTER,

(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, 9, \_\_\_\_\_,  
(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 DEMOCRATIC 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): 103245198

**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):

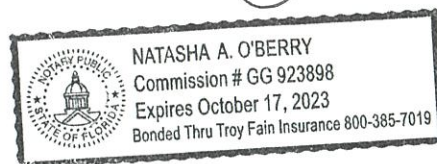
SHAY-NUH CAR-TER

X Shanna M. Carter (904) 537-1983 info@electshannacarter.com  
Signature of Candidate Telephone Number Email Address  
834 DIXON STREET JACKSONVILLE FLORIDA 32254  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF DUVAL

Natasha A. O'Berry  
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 13<sup>th</sup> day of JANUARY, 2023.  
Personally Known  OR Produced Identification   
Type of Identification Produced: FL DRIVER LICENSE



JAN 13 2023

2022 Form 6 - Full and Public Disclosure of Financial Interests

DUVAL COUNTY ELEC.  
By VH

**General Information**

Name: Dr Shanna Monique Carter  
Address: 834 DIXON ST, JACKSONVILLE, FL 32254  
County:

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Jacksonville City Council	City of Jacksonville	District 9

**Net Worth**

My Net Worth as of December 31, 2022 was \$ 232,676.00.

**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 \$ 10,000.00.

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

Description of Asset	Value of Asset
Real Property: House	\$ 217,000.00
Bank Account	\$ 7,200.00
Bank Account	\$ 6,400.00
2004 Jeep Liberty	\$ 1,200.00
Business Bank Account	\$ 1,053.00

**Liabilities**

**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
AMEX	P.O. Box 650448 Dallas, TX 75265-0448	\$ 1,700.00
Mission Lane	1137 1st Avenue Columbus, GA 31901-2403	\$ 1,050.00
Loan Care	3637 Sentara Way Virginia Beach, VA 23452	\$ 44,000.00

**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
Krumpin 4 Success, Inc.	5455 VERNA BLVD #37972, Jacksonville, FL 3226	\$ 20,800.00

**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.

***Shanna M Carter***

Digitally signed: 01/12/2023

RECEIVED

JAN 13 2023

DUVAL COUNTY/ELEC.  
By VII

SHANNA M. CARTER CAMPAIGN ACCOUNT  
834 DIXON ST  
JACKSONVILLE FL 32254



1

1/13/2023 DATE

PAY TO THE ORDER OF

Supervisor of Elections

\$ 3408.24

Three Thousand Four Hundred Eight <sup>24</sup>/<sub>100</sub> DOLLARS



FOR Box 45085 • Jacksonville, FL 32232-5085

Qualifying Fee

Shanna M. Carter MP

