

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

RECEIVED

JAN 11 2023

DUVAL COUNTY ELEC.
By VH

OFFICE USE ONLY

Candidate Oath

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

I, Tom Harris,
(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 Jacksonville, 6, _____,
(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): 103439555

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):

tam heris

Thomas F. Harris (704) 537-7732 Thomas.Harris@dignitymemorial.com
Signature of Candidate Telephone Number Email Address
2850 Casa Del Rio Ter Jacksonville FL 32257
Address City State ZIP Code

STATE OF FLORIDA

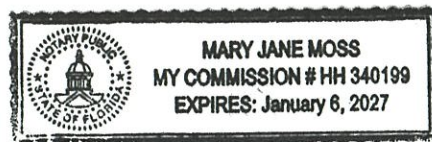
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 11 day of January, 2023.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Mary Jane Moss
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



General Information

Name: Mr Thomas Keith Harris
Address: 2850 CASA DEL RIO TER, JACKSONVILLE, FL 32257
County: Duval

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Jacksonville City Council	City Council Representative District 6	City Council District 6

Net Worth

My Net Worth as of December 31, 2022 was \$ 1,822,000.00.

For Quality Only
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 \$ 493,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2850 Casa Del Rio Terr	\$ 1,400,000.00
Cash	\$ 15,000.00
Mutal Funds	\$ 350,000.00
Bank Savings Account	\$ 52,000.00
Bank Checking	\$ 8,255.00
Investment 401K	\$ 321,000.00
Annuity	\$ 63,250.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Ameris Bank	11100 San Jose Blvd, Jacksonville FL	\$ 660,500.00
USAA Bank	9800 Fredericksburg Rd, San Antonio TX	\$ 25,700.00

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
Oaklawn Cemetery Association	1929 Allen Parkway, Houston TX	\$ 180,287.81

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.

Thomas Keith Harris

Digitally signed: 01/10/2023

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By VH


THE TOM HARRIS CAMPAIGN
 DEBORAH S HARRIS TREASURER
 2850 CASA DEL RIO TER
 JACKSONVILLE FL 32257-5816

101

DATE 1-11-2023

Pay to the Order of Supervisor of Elections \$ 3,408.24

three thousand four hundred and eight and 24/100 DOLLARS

 **COGENT**
BANK

MEMO Qualifying Fee [Signature] MP

38423