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JAN 12 2023

DUVAL COUNTY ELEC.
By [Signature]

CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

OFFICE USE ONLY

Candidate Oath

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

I, Alberta Hipps,

(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 Jacksonville City Council , 14 , _____ ,
(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): 103588014

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):

Al bert a Hipps

<input checked="" type="checkbox"/> <u>Alberta Hipps</u>	(904) 9824291	alberta@hippsgroupinc.com	
Signature of Candidate	Telephone Number	Email Address	
6502 Shindler Drive	Jacksonville	Florida	32222
Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Janie Moore
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: Florida Drivers License



Janie Moore
State of Florida
My Commission Expires 03/28/2023
Commission No. GG 317285

DUVAL COUNTY ELEC.
By BS

General Information

Name: Mrs Alberta Louise Hipps
Address: 6502 SHINDLER DR, JACKSONVILLE, FL 32222
County: Duval

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Jacksonville City Council	Jacksonville City Council	District 14

Net Worth

My Net Worth as of December 31, 2022 was \$ 750,000.00.

For Confidentiality 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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Normandy Office condo	\$ 98,000.00
North Carolina House	\$ 403,200.00
Lake House	\$ 11,233.00
Blanding Blvd Property	\$ 219,200.00
Shindler 9.6 acres	\$ 166,900.00
Shindler Drive Home	\$ 263,014.00
Met Life Insurance Policy	\$ 12,000.00
City of Jacksonville Life Insurance	\$ 52,000.00
2020 Subaru Forrester	\$ 20,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Subaru	1820 E Sky Harbor Circle Suite 150 Phoenix, AZ 85034	\$ 17,821.62
Southstate Bank M.A.	P. O. Box 118068 Charleston, SC 29423-9910	\$ 48,366.73
Farm Credit	309 N. 2nd St. Palatka, FL 32177	\$ 217,058.00
Vystar Credit Union	P.O. Box 45085 Jax, FL 32232-5085	\$ 146,833.00

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
Hipps Group Inc.	10250 Normandy Blvd Suite 701 Jax, FL 32220	\$ 47,000.00
Multi-State Neighborhood Financial Services Inc.	25 Technology Pkwy S Suite 201 Norcross, GA 30092	\$ 46,288.00
Social Security	1100 West High Rise 6401 Security Blvd. Baltimore, MD 21235	\$ 29,052.00
Florida Retirement System	3189 S. Blair Stone Rd. Tallahassee, FL 32301-6812	\$ 16,589.64
Northern Trust Company	333 S. Wabash Ave. Chicago, IL 60619	\$ 5,794.31

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.

Alberta Louise Hipps

Digitally signed: 01/12/2023

For Quarterly Filings
For Purposes Only

ALBERTA HIPPS CAMPAIGN
LARA D HIPPS
1650 MARGARET ST # 323
JACKSONVILLE FL 32204-3868

501

1-12-2023
DATE

PAY TO THE ORDER OF

Supervisor of Elections

\$ 3,408.24

Three thousand four hundred eight and 24/100

DOLLARS



Credit Union
P.O. Box 45085 • Jacksonville, FL 32232-5085

FOR

Qualifying

Lara Hipps



