# CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WRITE-IN CANDIDATE

# RECEIVED

JAN 12 2023

DUVAL COUNTY ELEC. By\_\_\_\_\_

OFFICE USE ONLY

<b>Candidat</b> (Section 99.021(1)(a),	
(If your last name consists of two or more names but has r Names). No change can be made after the end of qualifying.	
am a write-in candidate for the office of	), <u>13</u> , (Circuit #)
(Group or Seat #); my legal residence is	County, Florida; I am a qualified elector
under the Constitution and the Laws of Florida to hold the office for no other public office in the state, the term of which office or have resigned from any office from which I am required to resupport the Constitution of the United States and the Constitution	any part thereof runs concurrent with the office I seek; and I ign pursuant to Section 99.012, Florida Statutes; and I will
Candidate's Florida Voter Registration Number (located on you	r voter information card): 115 705 3 43
X Miller (919) 961 8 Signature of Candidate Telephone Number  2040 Tara Ct Deptone Beach  Address City	Email Address
STATE OF FLORIDA COUNTY OF Duva	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 \( \sigma \) OR physical presence \( \sigma \) this \( \frac{12^{\frac{1}{10}}}{2} \) day of \( \frac{12^{\frac{1}{10}}}{2} \) Personally Known \( \sigma \) OR Produced Identification \( \sigma \)  Type of Identification Produced: \( \frac{12^{\frac{1}{10}}}{2} \) Produced Identification \( \sigma \)	LANA G. SELF  Notary Public, State of Florida  My Comm. Expires 08/09/2025  Commission No. HH162692

### RECEIVED

#### 2022 Form 6 - Full and Public Disclosure of Financial Interests

JAN 12 2023

DUVAL COUNTY ELEC. By

**General Information** 

Name:

Mr Michael Thomas Finn

Address:

2040 TARA CT, NEPTUNE BEACH, FL 32266

County:

Organization

Suborganization

Title

N/A

**CANDIDATE FOR** 

Position

Agency Name

Position sought or held

Jacksonville City Council

Jacksonville City Council

District 13

#### **Net Worth**

My Net Worth as of <u>December 31, 2022</u> was \$ 1,000,000.00.

#### **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 \$56,000.00.

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

Description of Asset	Value of Asset
Real Property - Residence (2040 Tara Ct)	\$ 727,000.00
Bank Account - Joint (Chase Bank)	\$ 100,000.00
Bank Account - Personal (Chase Bank)	\$ 2,100.00
Credit Union Account - Joint (Mayo Credit Union)	\$ 119,000.00

Liabilities					
LIABILITIES IN EXCESS OF	F \$1,000:		-		
Name of Creditor	Address of Cred	Address of Creditor		At	mount of Liability
Truist Mortgage	214 N. Tryon St	., Charlotte, N	orth Carolina, 28202	\$	298,000.00
			<del></del>	····	
****	AL LIABILITIES NOT REPORTED ABOVE:			1	16 <del>- 16 - 1</del>
Name of Creditor	Address of Cred	litor		Ar	mount of Liability
N/A					
Income	· · · · · · · · · · · · · · · · · · ·				<u></u>
ncome.		come which ex	xceeded \$1,000 during the y	ear, including se	condary sources of
ncome. PRIMARY SOURCES OF IN Name of Source of Inco	NCOME:		ource of Income	ear, including se	Amount
ncome. PRIMARY SOURCES OF IN Name of Source of Inco	NCOME:			ear, including se	<b>T</b> ****
PRIMARY SOURCES OF IN Name of Source of Inco	NCOME: me Exceeding \$1,000	Address of S	Fource of Income		Amount
PRIMARY SOURCES OF IN Name of Source of Inco	NCOME: me Exceeding \$1,000	Address of S omers, clients, es of		reporting perso	Amount
PRIMARY SOURCES OF IN Name of Source of Inco N/A	NCOME: me Exceeding \$1,000  F INCOME (Major custo Major Source	Address of S omers, clients, es of	etc. of businesses owned by	reporting perso	Amount on):
PRIMARY SOURCES OF IN Name of Source of Inco N/A SECONDARY SOURCES O Business Entity	NCOME: me Exceeding \$1,000  F INCOME (Major custo Major Source	Address of S omers, clients, es of	etc. of businesses owned by	reporting perso	Amount on):
PRIMARY SOURCES OF IN Name of Source of Inco N/A SECONDARY SOURCES O Business Entity	NCOME: me Exceeding \$1,000  F INCOME (Major custo Major Source	Address of S omers, clients, es of	etc. of businesses owned by	reporting perso	Amount on):
PRIMARY SOURCES OF IN Name of Source of Inco N/A SECONDARY SOURCES O Business Entity N/A	Major Source Business Inco	Address of S omers, clients, es of	etc. of businesses owned by	reporting perso	Amount on):
PRIMARY SOURCES OF IN Name of Source of Inco N/A SECONDARY SOURCES O Business Entity N/A	Major Source Business Inco	Address of S omers, clients, es of	etc. of businesses owned by	reporting perso	Amount on):
PRIMARY SOURCES OF IN Name of Source of Inco N/A SECONDARY SOURCES O Business Entity	Major Source Business Inco	Address of S omers, clients, es of	etc. of businesses owned by	reporting perso	Amount on):

## **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.

# **Michael Thomas Finn**

Digitally signed: 01/12/2023