CANDIDATE OATH JUDICIAL OFFICE

Check box **only** if you are seeking to qualify as a write-in candidate:

RECEIVED

APR 2 3 2024

DUVAL COUNTY LEC.

Write-in candidate	OFFICE USE ONLY				
Cand	idate Oath				
Name to appear on ballot: Marcus Isom Check box if two last names without hy					
I swear or affirm that I am a candidate for the judicial office of	I swear or affirm that I am a candidate for the judicial office of County Count Tudge (Office) (District #)				
(Circuit #) (Group or Seat #); my legal residence	is Dural County County, Florida;				
I am a qualified elector of the state and of the territorial jurithe constitution and laws of Florida to hold the judicial office. I have qualified for no other public office in the state, the te	isdiction of the court to which I seek election; I am qualified under to which I desire to be elected or in which I desire to be retained; rm of which office or any part thereof runs concurrent to the office to resign pursuant to s. 99.012, Florida Statutes; and I will support				
Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.					
Statement of Outstand	ling Fines, Fees, or Penalties				
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).					
YES, I Do					
If you do, you must also specify the amount owed and each	entity that levied the same on the reverse side.				
X // L John Signature of Candidate Telephone Number Email Address ZIP Code					
Address of Legal Residence STATE OF FLORIDA COUNTY OF	State ZIP Code 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 3 day of Personally Known OR Produced Identification Type of Identification Produced:	BRENDA K BYLES NOTARY PUBLIC STATE OF FLORIDA NO. HH 409028 MY COMMISSION EXPIRES AUG. 15, 2027				
DS-DE 303JU (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.				

MARCUS LISOM IR CAMPAIGN ACCT FOR DUVAL COUNTY COURT JUDGE GRP 9

DATE 04/23/24

PAY TO THE SUPERVISOR OF EXCETIONS

\$ 7124.64

SEVEN THOUSAND TWO HUNDRED AND TWENTY FOUR AND 14/100 DOLLARS

WyStar

Mamo COMPLIKYING KEES

M. D. Gonfl



APR 2 3 2024

DUVAL COUNTY ELEC.

General Information

Name:

Mr Marcus LeeAndre Isom Jr

Address:

County:

Duval

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

County Judge

Agency Name

Duval County

Position sought or held

Duval County Court Judge Group

Nine (9)

Net Worth

My Net Worth as of <u>April 22, 2024</u> was <u>\$ 78,083.21</u>.

2023 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 \$275,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
N/A		

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	 Amount of Liability
MOHELA Loan Service	633 Spirit Drive. Chesterfield, MO 63005-1243	\$ 181,627.90
VyStar Credit Union	100 W. Bay Street. Jacksonville, FL 32202	\$ 13,264.79

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name	of Credito	Address of Creditor	Amount of Liability
N/A	XIX		

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Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 E. Gaines Street. Tallahassee, FL 32399-0356	\$ 86,025.96
Philip R. Cousin AME Church	2625 Orange Picker Rd. Jacksonville, FL 32223	\$14,400.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Action and the second	NAME OF THE PROPERTY OF THE PR	

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.

Marcus LeeAndre Isom Jr

Digitally signed: 04/22/2024

