


MATT CARLUCCI CAMPAIGN
3707 Hendricks Ave
Jacksonville, FL 32207

PAY
TO THE
ORDER OF

Supervisor of Elections

Twenty Nine hundred seventy eight 9/16

 **REGIONS**
Filing Fee

FOR

DATE *1/7/19*

\$ *2978.16*

DOLLARS

CHECK NUMBER

Photo
Safe
Signature
Debit/ATM

MP

PART D -- INCOME

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
MATTHEW F. CARLUCCI ENS. Agency Inc.	3707 Hendricks Ave 3rd Fl.	34,874.97
The Carlucci Ins. Agency LLC	3535 Hendricks Ave 32207	35,400.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 7th day of January, 2019 by Matthew Carlucci

(Signature of Notary Public—State of Florida)

 Notary Public, State of Florida
 My Comm. Expires 07/29/21
 (Print, Type, or Stamp Commissioned Notary Public No. 00002927)

Personally Known X OR Produced Identification _____
 Type of Identification Produced _____

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature

 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

PART B ASSETS CONTINUED

REGIONS CHECKING ACCT, 7762
6263 ST. AUG. RD. JACK FL. 32217
MATTHEW F. CARLUCCI INS. AGENCY, INC.

440,722.36

STATE FARM BANK
HEALTH SAVINGS ACCT
P.O. BOX 2316
BLOOMINGTON, ILL. 61702

425.17

2017 Chevy Tahoe	47000.00
2015 BASS TRACKER Boat	15,000.00
2011 MERCEDES E350	17,000.00
2003 Mercedes C240	4500.00

MATTHEW F. CARLUCCI
INSURANCE AGENCY, INC.
3757 HENDRICKS AVE
JACKSONVILLE, FL, 32207
MY INSURANCE BUSINESS VALUE

- 1,114,566.07

PART 10 ASSETS CONTINUED:	- 388.99
STATE FARM Benefits MGT. ACCT P.O. Box 2316 Bloomington, ILL. 61702	
STATE FARM Benefit MGT ACCT P.O. Box 2316 Bloomington, ILL. 61702	- 1288.00
STATE FARM Benefit MGT. ACCT P.O. Box 2316 Bloomington, ILL. 61702	385.99
STATE FARM Fed. Credit Union P.O. Box 853944 Richardson, TX. 75085	22,037.18
Voya Retirement Annuity MATTHEW F. CARLUCCI owner 909 LOCUST ST. Des Moines, IA. 50309 (Voya address)	128,005.13
MATTHEW F. CARLUCCI simple plan IRA VALUE AMERICAN FUNDS SERVICE CO. 5300 Robin Hood Rd. Norfolk, VA. 23513	- 299,922.73
Regions Bank SAVINGS ACCT MATTHEW F. CARLUCCI INS. 6263 ST. Aug. Rd. Jax FL. 32217	- 41,571.36
Regions Bank Checking ACCT 6263 ST. Aug. Rd. Jax FL. 32217 MATT & Karen Carlucci	- 24,138.91
Regions Bank Checking ACCT 6263 ST. Aug. Rd. Jax FL. 32217 MATT & Karen Carlucci	- 4518.25
Regions Bank Checking ACCT 6263 ST. Aug. Rd. Jax FL. 32217 ✓ MATTHEW & Karen Carlucci	400.24

Part B
Assets
CONT.

Life Insurance & Annuity
Surrender Values

All Policies with State Farm Life INS Co.

Universal Life INS policy	
Whole Life INS policy	- 60,388.34
Whole Life INS policy	- 2039.82
Whole Life INS Policy	- 9020.89
Whole Life INS policy	- 7671.18
Whole Life INS policy	- 7673.87
Universal Life INS policy	- 27,277.26
Whole Life INS policy	- 30,681.19
Deferred Single premium Annuity	- 193,638.37
Universal Life INS policy	- 19,782.82
Deferred Life Annuity	- 35,804.66
Whole Life INS policy	- 56,737.00
Whole Life INS policy	- 4061.14
	- 56,765.53

Corporate address on all policies & Annuities
above

STATE FARM Life INS Co.
ONE STATE FARM plaza
Bloomington, ILL. 61702