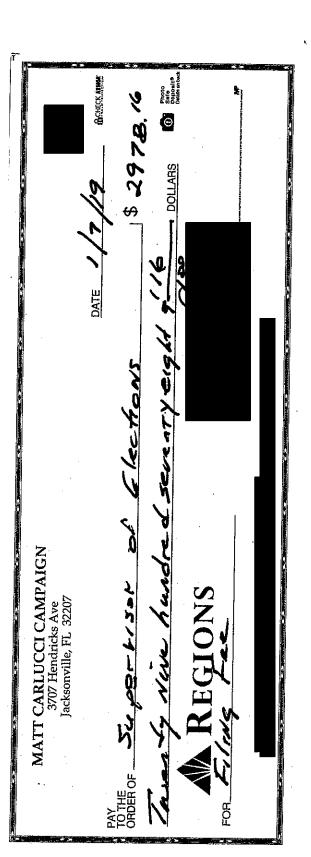
CANDIDATE OATH -									
STATE AND LOCAL PARTISAN OFFICE	RECEIVED								
Check applicable one:	JAN 0 7 2019								
Candidate with party affiliation									
Candidate with no party affiliation	DUVAL COUNTY ELEC. By A								
☐ Write-in candidate	CEFIOT HOT ONLY								
Candidate Oath									
	1)(a), Florida Statutes)								
hyphen, check box . (See page 2 - Compound Last Although a write-in candidate's name is not printed on th	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying be ballot, the name must be printed above for oath purposes.)								
am a candidate for the office of $\sqrt{a} < KS > VII(e)$	City Council group 4, ATLarge								
am a candidate for the office of <u>Jacksonville City Council</u> <u>Group 4</u> ; I am a qualified elector of <u>Daval</u> (Circult #) (Office) (Office) (Office) (Circult #) (County, Florida; I am qualified									
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									
·	any part thereof runs concurrent with the office I seek; and I have								
Constitution of the United States and the Constitution of the S	ursuant to Section 99.012, Florida Statutes; and I will support the								
•									
	ent of Party ()(b), Florida Statutes)								
(Complete Statement of Party only if you are seeking to quali									
	Party; I have not been a registered member of any other political								
•	ng the general election for which I seek to qualify; and I have paid								
the assessment levied against me, if any, as a candidate for sa	aid office by the executive committee of the political party, of which								
I am a member.									
Candidate's Florida Voter Registration Number (located on	your voter information card): 103421016								
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): [Not applicable to write-in candidates.]									
(904) 703	-0999 MATTEMATICATLUCE. SOI								
Signature of Candidate Telephone Number 1532 Alexandria Pl. 50.	Jacksonville, Pl. 32207								
Address City	State ZIP Code								
STATE OF FLORIDA									
COUNTY OF DUVAL	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:								
Sworn to (or affirmed) and subscribed before me this 7 + day of January , 20 19. Personally Known: X or Produced Identification:	LANA G. SELF Notary Public, State of Florida My Comm. Expires 07/29/21 Commission No. GG102927								
Type of Identification Produced:									



FORM 6 FULL AND PUBLIC DISCLOS	SURE 2018				
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERES	TS FOR OFFICE USE ONLY:				
LAST NAME - FIRST NAME - MIDDLE NAME: LATINCE, MATTHEW Francis MAILING ADDRESS: 1532 Alexandría Pl. 50. CITY: ZIP: COUNTY: Lack SONVIlle, Fl. 32207 DUVAI	RECEIVED JAN 0 7 2019 DUVAL COUNTY ELEC. By				
NAME OF AGENCY: CITY of Jackson VII le NAME OF OFFICE OR POSITION HELD OR SOUGHT: Jackson VII le City Council At 19 90 4 CHECK IF THIS IS A FILING BY A CANDIDATE					
PART A NET WORTH					
Please enter the value of your net worth as of December 31, 2018 or a more cur culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so plea My net worth as of	se see the instructions on page 3.]				
PART B ASSETS See affach meaks for HOUSEHOLD GOODS AND PERSONAL EFFECTS: 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 effects (described above) is \$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions)					
1532 Alexandria Al. 5. Nax Fl. 32207 Ho					
3707 Hendricks Que Lax Fl. 32207 of					
2837 Bass Haven LN. ST. Aug. Fl. 32092 SEC					
3505 HENDRICKS are Lax F1. 32207 Rental					
O Sheridan Pl. Jay Fl. 32207 Vacant LA PART C-LIABILITIES	T (Asset) 24,000,00				
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY				
Valley National Bank 10739 Deerwood PK Blud -					
STATE FARM Cr, UNION P.O. Box 253944 Richard					
STATE FARM CT. UNION PO. BOX 853944 Richa					
STATE FARM Line of Credit. 11 11 1111	11 1743,57				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY				
None	AMOUNT OF EASIETT				
CE FORM 6 - Effective January 1, 2019 (Continued on reverse side)	PAGE 1				

Incorporated by reference in Rule 34-8.002(1), F.A.C.

#37p7 HENDricks are Lax E1. 322p7 owned by MATTHEW F. CATLUCCI INS. Agency, INC.

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. C.						احاحة	340,884,97	
	THE AGENCY KE.	•			CLVE-3	0 × .F		
SECONDARY SOURCES OF I							ns on page 51:	
NAME OF	, NAME OF MAJOR			ADDRESS			PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS'	INCOME		OF SOURC	E	<u></u>	ACTIVITY OF SOURCE	
PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]								
_	BUSINESS ENTITY #			ESS ENTITY#:	-	_ ,	IESS 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 - T	RAININ	G				
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.								
	I CERTIFY THAT I H							
O A	ATH	STATE COUNT	OF FLORII Y OF	DA Du	val			
I, the person whose name app	ears at the	Sworn t	o (or affirm	ed) and subscri	ihed hefore m	e this 7	the day of	
beginning of this form, do depose on oath or affirmation Swom to (or affirmed) and subscribed before me this								
and say that the information di	isclosed on this form	<u> Jar</u>	mary	. 20 1	by / (ac)	reco	Carrace .	
and any attachments hereto is	true, accurate,	(Signate	re of Nota				- Litarida	
and complete.	and complete. (Signature of Notally Fublic State of Florida My Comm. Expires 07/29/21						1 07 F101104 1 07/29/21	
	(Print, Type, or Stamp Commissioned Negrans/Sidenial 202327						Ga)02927	
	Personally Known OR Produced Identification						ation	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	Identification	on Produced				
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.								
Signatu		4-4	•			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								
TE UTLY ON YOUND	· · · · · · · · · · · · · · · · · · ·	~~ * * * * * * * * * * * * * * * * * *	~ T = " Y T T T T T T T T T T T T T T T T T T	القاتها تعامدهما	والانتقامة والانتفاسة	تقللات بدني		

PART B ASSETS CONTINUED

REGIONS Checking ACCT. 7762 6263 ST. Aug. Rd. Lax Fl. 32217 MATTHEW F. CAFLUCCI INS. AGENCY, INC.

46,722,36

STATE FARM Bank Health Savings Acct P.O. BOX 2316 Bloomington, ILL. 6170d

425,17

2017 Chery Tahoe

47000,00

2015 Bass TRACKER Bout

15,000.00

2011 MERCEDES E350

17,000 .00

2003 MERCEdes CAYS

4500,00

MATTHEW F. CARLUCCI

INSURANCE AGENCY, INC.

3757 HENDRICKS are

Nacksonville, Fl., 32207

My INSURANCE BUSINESS Value

- 1,114,566.00

FATT 15 ASSETS CONTINUED: 388,99 STATE FARM BENEAUS MGT. ACCT P-0. Box 2316 BloomnostoN, ILL. 61702 STATE FARM BENEFIT MET ACCT - 1388 00 P-O. BUX 2316 Bloomington, ILL. 61702 STATE FARM Benefit Mar. Acct 385,99 P.O. BUX 2316 Bloomington, IZL. 61702 22,037.18 STATE FARM Fed. Credit Union P.O. BOX 853 944 Richardson, TX. 75085 128,005,13 Voya Retirement annuity MATTHEW F. CATLUCCI DUNEr 909 LOCUST ST. Des Moines, IA, 50309 (Voya adbress) - 299,922.73 MATTHEW F. CARLUCCI SIMPLE Plan IRA Value AMERICAN FUNDS SErvice Co, 5300 Robin Hood Rd. Norfolk, VA, 23513 41,571,36 Regions Book Savings ALLT MATTHEW F. CAPlucei INS, 6263 ST. Aug. Rd. Lax F1, 32217 - 24/38.91 Regions Bonk Checking Accor 6263 ST. Aug. Rd. Jax F1. 32217 MATT & Karen CAPLUCCI - 4518,25 Regions Bank Checking ACET 6263 ST. Aug. Rd. Sax F1, 32217 Matt & Karea CArlucci

Regions Bank Checking ACCT 6263 ST. Aug. Rd. Vax Fl. 32217 V MATTHEW & Karen CArlneci

400,24

PART B ASSETS CONT. Libe Fasierance & Anwerty Surrender Values

All Policies with State Form life INS Co.

ceniversal life INS policy Whole Life INS policy Whole Life INS policy -60,388.34 Whole Life INS Policy - 2039,82 - 9020.89 whole life INS policy whole life INS policy - 7671,18 - 7673, 87 - 27,277,26 whole the INS. policy - 30,681.19 Deferred Single premium Annuity -193,638. 37 universal life INS. plicy - 19,782,82 Deferred the annuity - 35,804.66 Whole Life ws policy - 56, 737, a whole Life INS policy - 4061.14 - 56, 765, 53

Coepopete address on all policies & Connuities

STATE FARM Like INS Co. ONE STATE FARM plaza Blooming Low, ILL. 61762