

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

RECEIVED

DEC 28 2018

DUVAL COUNTY ELEC.
By RS

OFFICE USE ONLY

Candidate Oath

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

I, Celestine Mills
(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. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of City Council, 10, _____
(Office) (District #) (Circuit #)
_____ ; I am a qualified elector of Duval County, Florida; I am qualified
(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)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democrat Party; I have not been a registered member of any other political party 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, as a candidate for said 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): 103375583

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.]*

X _____	(904) 502-2606	CelestineMills@att.net
Signature of Candidate	Telephone Number	Email Address
4747 Fireside Dr W Jacksonville FL 32210		
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 28th
day of December, 2018.

LANA G. SELF
Notary Public, State of Florida
My Comm. Expires 07/29/21
Commission No. GG102927

Personally Known: X or Produced Identification: _____
Type of Identification Produced: _____

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Mills Celestine Ophelia

MAILING ADDRESS:
4747 Fireside Drive W

CITY: Jacksonville ZIP: 32210 COUNTY: Duval

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT : City Council District 10

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

DEC 28 2018

DUVAL COUNTY ELEC.
By _____

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 28, 20 18 was \$ 19,243.

PART B -- ASSETS

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 \$ 24,095

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)	VALUE OF ASSET
Merrill Lynch 401K Fund	3352.30
Fidelity Investment IRA & Vystar IRA	5451.00
Select Portfolio Service Vystar IRA	125,000
Aetna Life Insurance	110,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Select Portfolio Service 10401 Deerwood Park Blvd, Jacksonville, FL 32256	97,684
Carmax 12800 Tuckahoe Creek Pkwy, Richmond, VA 23238	17,862
Compass Bank P.O. Box 830696 Birmingham, AL 35283-0696	63,426
Navient Loan P.O. Box 9500 Wilkes-Barre, PA 18773	69,683

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

Part B-ASSETS

Description Of Assets	VALUE OF ASSETS
Vystar IRA	3740.00
Fidelity Investment IRA	1711.00