

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

Check applicable one:

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

**RECEIVED**

JAN 10 2019

DUVAL COUNTY ELEC.  
By BB

OFFICE USE ONLY

**Candidate Oath**

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

I, Harold McCart  
*(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 Jacksonville City Council, at large, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #) (Circuit #)  
4; 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 Republican 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): 103322389

**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.]*

Harold Mac Kart

Signature of Candidate

Telephone Number

Email Address

3000 McBirths Blvd.

Jacksonville

FL

32210

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

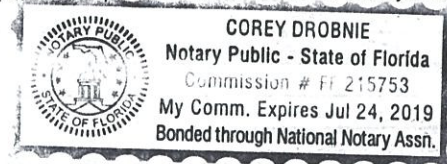
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 10th  
day of January, 2019.

Personally Known: \_\_\_\_\_ or Produced Identification:

Type of Identification Produced: FL Drivers License



000254

REGIONS BANK

**Harold F. McCart, III Campaign**  
4495-304 Roosevelt Blvd, Ste. 277  
Jacksonville, FL 32210

01/03/2019

PAY TO THE  
ORDER OF

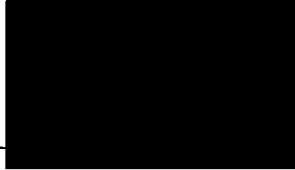
Duval County Supervisor of Elections

\$ \*\*2,978.16

Two Thousand Nine Hundred Seventy-Eight and 16/100\*\*\*\*\*

DOLLARS

Duval County Supervisor of Elections  
105 East Monroe Street  
Jacksonville, FL 32202



MEMO

Qualifying Fee



Harold F. McCart, III Campaign/4495-304 Roosevelt Blvd, Ste. 277

000254

# 254  
01/03/2019

Duval County Supervisor of Elections  
105 East Monroe Street  
Jacksonville, FL 32202

\*\*2,978.16

Qualifying Fee

**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:  
 McCart Harold Franklin

MAILING ADDRESS:  
 3900 McGirts Boulevard

Jacksonville 32210 Duval

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 City Council at Large Group 4

CHECK IF THIS IS A FILING BY A CANDIDATE

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DUVAL COUNTY ELEC.

By BB

**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 31, 20 18 was \$ 614,428.89

**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 \$ 119,708

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attachment page 1	\$528,554.14

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attachment page 2	\$33,833.25

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



**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

**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**

STATE OF FLORIDA  
 COUNTY OF Duval

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.

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of

January, 2019 by Harold McRobert  
 [Signature of Notary Public--State of Florida]  
 My Comm. Expires Jul 24, 2019  
 Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL Drivers License

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**

Assets:

1. Personal Residence: \$424,268 3900 McGirts Blvd. Jacksonville, FL 32210

2. 529 Savings Plan- \$19,560.94 – held with American Funds, PO Box 2713  
Norfolk, VA 23501-2713

Mutual Funds:

Fundamental Investors (CFNAX)	\$11,025.71
Washington Mutual Investors Fund (CWMAX)	\$8,535.23

3. IRA - \$ 5,190.65 – held with TD- Ameritrade PO Box 2209 Omaha, NE 68103-2209

Mutual Funds:

Alger Small Cap Focus A	\$517.28
Carillon Scout Mid Cap	\$1,027.36
Davis Ser Inc Finl FD CL A	\$ 744.24
Loomis Sayles Growth FD CL A	\$1,625.26
FDIC Insured Deposit Account IDA12 (not covered by SIPC)	\$1,276.51

4. JPMorgan Chase - \$9,190.02 – Stock– held by Computershare Trust  
Company, N.A. PO Box 505000 Louisville, KY 40233-5000

DSP (Direct Stock Purchase Plan)- Common Stock-	\$702.87
Common Stock (DRS-Direct Registration System Shares)	\$8,285.52
DSP (Direct Stock Purchase Plan)- Common Stock (Dividends)	\$201.63

6. JPMorgan Chase – \$54,507.29 - Roth (401K) – held by Empower  
Retirement PO Box 173764 Denver, CO 80217-3764

Large Cap Value Fund- (mutual fund)	\$12,255.41
Large Cap Growth Fund- (mutual fund)	\$13,287.89
S&P MidCap 400 Index Fund- (mutual fund)	\$8,110.48
JPMorgan Chase Common Stock Fund- (mutual fund)	\$20,853.51

7. Wells Fargo Bank 4206 San Juan Avenue, Jacksonville, FL 32210

Checking account-	\$ 1,051.85
Checking account-	\$ 14,785.39

Total: \$528,554.14

Liabilities:

1. 2017 Toyota 4 Runner - \$ 26,307 – loan held through Chase, PO Box 901076 Fort Worth, TX 76101-2003
2. 2008 Nissan Rogue- \$5,127.00 – loan held through Mazda Capital Services/ c/o Chase PO Box 78069 Phoenix, Az 85062-8069
3. Orthodontist - \$ 2,399.25 – contract with Jason Rice Orthodontics 8708 Perimeter Park Blvd. suite 2, Jacksonville, FL 32216

Total: \$33,833.25