

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

Check applicable one:

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

RECEIVED

JUN 9 2020

JUN 09 2020

DUVAL COUNTY ELEC.

By [Signature]

OFFICE USE ONLY

Candidate Oath

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

I, JODY PHILLIPS

(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 CLERK OF THE CIRCUIT COURT, 4th District #, 4th Circuit #,
(Office) (District #) (Circuit #)

; my legal residence is DUVAL County, Florida; I am a qualified elector
(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): 103760789

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 Jody Phillips
Signature of Candidate

(904) 759-4888
Telephone Number

Jody.FonClerk@gmail.com
Email Address

11330 BEARLE LANE JACKSONVILLE
Address City

FL. 32011
State ZIP Code

STATE OF FLORIDA

COUNTY OF DUVAL

Brenda K. Byles
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by ☒ physical or
☐ online presence this 9 day of June, 2020

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____

BRENDA K. BYLES
Notary Public, State of Florida
My Comm. Expires 08/15/2023
Commission No. GG366249

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

PHILLIPS JOSEPH WALDON

MAILING ADDRESS:

11330 BEAGLE LANE

CITY:

ZIP:

COUNTY:

JACKSONVILLE

32221

DUVAL

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CLERK OF THE CIRCUIT COURT

CHECK IF THIS IS A FILING BY A CANDIDATE



JUN 9 2:19P

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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, 2019 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 6/8, 2020 was \$ 322,000.⁰⁰

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 \$ 20,000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

121 FINANCIAL

47,402.10

WELLS FARGO

6,369.60

VYSTAR

28,310.48

IRA LPL FINANCIAL

29,093.63

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

M & T BANK P.O. BOX 64679 BALTIMORE MD. 21264

64,877.79

FIRST FEDERAL BANK 4705 US HWY 90 WEST LAKE CITY, FL. 32055

310,500.00

ALLIANT P.O. BOX 66945 CHICAGO, IL. 60666-0945

9,986.83

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
City of JACKSONVILLE	117 WEST DUVAL ST. SUITE 375 JAX. FL. 32202	128,714.73

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 by means of
☒ physical presence or ☐ online notarization, this 9 day of

June, 2020 by Jody Phillips

Brenda K. Byles
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary BRENDA K. BYLES)

Personally Known X OR Produced Identification My Comm. Expires 08/15/2023

Type of Identification Produced Commission No. GG366249

Jody Phillips
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 - Jody Phillips

JUN 9 2:19PM

ANNUITY	PRUDENTIAL	43,130.95
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INVESTMENT ACCOUNT	LPL FINANCIAL	8,972.34
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HOME	11330 BEAGLE LANE JACKSONVILLE, FL. 32221	450,000. ⁰⁰
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TIFFIN	MOTORHOME	75,000. ⁰⁰
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CenterState Bank
Normandy Office
5665 Normandy Boulevard
Jacksonville, FL 32205
Telephone: 904-253-6601
24 Hour Inquiry: (888)292-7005
www.centerstatebank.com

4859



JODY PHILLIPS
11330 BEAGLE LN
JACKSONVILLE FL 32221-1846

Statement Date 05/20/2020

PAGE 1 of 3

ECHECKING

ACCOUNT NO. *****

Summary of Activity Since Your Last Statement

Balance Forward From 04/21/2020
8 Deposits/Credits
2 Withdrawals/Debits
Ending Balance As Of 05/20/2020
Service Charge

CHECKS (* - GAP IN SEQUENCE)				
DATE	NUMBER	AMOUNT	DATE	N
5/05		629.35		

ATM / DEBIT CARD TRANSACTIONS	
DATE	DESCRIPTION
4/22	POS Purchase DNH*GODADDY.COM 480-5058855 AZ 292830 *****2212 04/21 02:06

DEPOSITS AND OTHER CREDITS	
DATE	DESCRIPTION
4/24	Deposit
4/27	Deposit
4/28	PAYPAL/TRANSFER JODY PHILLIPS CAMPAIGN
4/30	PAYPAL/TRANSFER JODY PHILLIPS CAMPAIGN
5/07	Deposit
5/11	PAYPAL/TRANSFER JODY PHILLIPS CAMPAIGN
5/18	Deposit
5/19	PAYPAL/TRANSFER JODY PHILLIPS CAMPAIGN

DAILY BALANCE SUMMARY



[Redacted]



JODY PHILLIPS OR
SUSAN PHILLIPS
11330 BEAGLE LN
JACKSONVILLE FL 32221-1846



Questions?

JUN 9 2:19P

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (287)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input type="checkbox"/>	Overdraft Protection	<input checked="" type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Account number: [Redacted]

JODY PHILLIPS OR
SUSAN PHILLIPS

Florida account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): [Redacted]

CCDL11DTYR 009630 NNNNNNNNN NNN NNN 001 004 287 047389 215/6275.1

JODY PHILLIPS
CAMPAIGN ACCOUNT
11330 BEAGLE LANE
JACKSONVILLE, FL 32221

1076

6-9-2020

Date  CHECK ARMOR
MAINTENANCE

Pay to the Order of SUPERVISOR OF ELECTIONS

\$ 9,757.86

NINE THOUSAND SEVEN HUNDRED FIFTY SEVEN DOLLARS & 86/100 DOLLARS



Photo
Safe
Deposit
Details on back

 FIRST ATLANTIC BANK
Jacksonville, Florida

Jody Phillips

For QUALIFYING FEE

:  

JUN 9 2:20

