

General Information

Name: Mr Matthew Francis Carlucci

PID 35010

AGENCY INFORMATION

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	City Council Member, At-Large Group 4
Jacksonville	KingSoutel Crossing Community Redevelopment Agency Board	Board Member
Jacksonville	Renew Arlington Community Redevelopment Agency Board	Board Member

Net WorthMy Net Worth as of December 31, 2024 was \$ 6,470,918.67.**Assets**

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 effect is \$ 325,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/14/2025

Description of Asset	Value of Asset
2019 MERCEDES C24	\$ 42,000.00
CHEVY TAHOE	\$ 40,000.00
2024 FORD BRONCO	\$ 32,000.00
2014 BASS TRACKER	\$ 2,000.00
1532 ALEXANDRIA PL. S.	\$ 1,018,900.00
STATE FARM FEDERAL CREDIT UNION	\$ 313,065.23
2837 BASS HAVEN LN. ST. AUGUSTINE , FLA	\$ 374,000.00
3535 HENDRICKS AVE. JAX FL 32207	\$ 383,400.00
3707 HENDRICKS AVE JAX. FL 32207	\$ 850,000.00
EQUITABLE VARIABLE ANNUITY	\$ 54,444.02
CORNERSTONE IRA VARIABLE	\$ 507,653.35
LINCOLN FINANCIAL IRA	\$ 282,437.85
AMERICAN FUNDS SIMPLE IRA PLAN	\$ 56,461.21
REGIONS CHECKING ACCT	\$ 1,102.02
REGIONS PERSONAL MONEY MARKET	\$ 260,634.66
COGENT MONEY MARKET2550.00	\$ 2,661.03
STATE FARM WHOLE LIFE INSURANCE	\$ 5,779.84
STATE FARM WHOLE LIFE INSURANCE	\$ 12,152.48
STATE FARM WHOLE LIFE INSURANCE	\$ 5,318.87
STATE FARM WHOLE LIFE INSURANCE	\$ 10,960.65
STATE FARM WHOLE LIFE INSURANCE	\$ 10,750.46
STATE FARM WHOLE LIFE INSURANCE	\$ 85,974.18
STATE FARM WHOLE LIFE INSURANCE	\$ 78,309.49
STATE FARM WHOLE LIFE INSURANCE	\$ 81,348.32
STATE FARM WHOLE LIFE INSURANCE	\$ 85,974.18
STATE FARM UNIVERSAL LIFE INSURANCE	\$ 50,331.60
STATE FARM UNIVERSAL LIFE INSURANCE	\$ 51,757.52
STATE FARM DEFERRED LIFE ANNUITY	\$ 35,504.25
MATTHEW F CARLUCCI INS. AGENCY INC (STATE FARM)	\$ 1,541,027.30

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Description of Asset	Value of Asset
REGIONS BUSINESS CHECKING	\$ 23,096.63
REGIONS PERSONAL SAVINGS	\$ 9,211.62
STATE FAEM LIFE INSURANCE	\$ 42,949.32
REGIONS SAVINGS	\$ 2,027.91

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
COGENT BANK	5011 Gate Pkwy Building 100 Suite 150, Jacksonville, FL 32256	\$ 209,297.32

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
STATE FARM AGENCY	ONE STATE FARM PLAZA BLOOMINGTON ILL.	\$ 695,395.51
CITY OF JACKSONVILLE	117 W. DUVAL ST JACKSONNNVILLE, FL 32202	\$ 48,591.80
RENTAL PROPERTY INCOME	3535 HENDRICKS AVE JACKSONVILLE, FL 32207	\$ 10,852.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☐ I certify that I have completed the required training under Section 112.3142, F.S.
- ☒ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Matthew Francis Carlucci

Digitally signed: 06/14/2025

Filed with COE: 06/14/2025