Filed with COE: 06/29/2026

General Information

Name: Ms Candace Kelly

PID 272249

AGENCY INFORMATION

Organization	Suborganization	Title
Atlantic Beach	City Commission	Commissioner-Seat 4

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
National Financial Services LLC	PO Box 28019 Albuquerque. m 87125-8019	Annuity payment
Social Security Administration	1 Jamaica Center Plz. Jamaica NY 11432-3898	Retirement benefit
Defense Finance and Accounting Service	8899 E 56th St Indianapolis IN 46249-1200	Military Retirement

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

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

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
1246 Mayport Landing Dr Jacksonville Fl 32233

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Annuity	Security Benefit
Dfa Short-Duration Real Return install	Fidelity Investments IRA
Dfa Inv’T Two Year Global Fixed Income	Fidelity IRA
Spdr Portfolio S&P 500 ETF	Fidelity IRA
Ishares Tr Msci USA Qlt Fct	Fidelity IRA
Mfs International Equity Fund Cl I	Fidelity IRA
Ishares Core Msci Emerging Markets ETF	Fidelity IRA
Spdr Portfolio S&P 500 Growth ETF	Fidelity IRA

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, 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.

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Signature of Filer

Candace Kelly

Digitally signed: **06/29/2026**

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