

General Information

Name: Mr Matthew Francis Carlucci

PID 35010

AGENCY INFORMATION

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	
Jacksonville	Jacksonville International Airport Area Redevelopment Agency	Board Member
Jacksonville	Renew Arlington Community Redevelopment Area	Board Member
Jacksonville	Soutel/Moncrief Retail Redevelopment Area	Board Member

Net WorthMy Net Worth as of June 7, 2024 was \$ 6,264,164.37.**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:

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2024

Description of Asset	Value of Asset
2019 MERCEDES C24	\$ 45,000.00
CHEVY TAHOE	\$ 420,000.00
2024 FORD BRONCO	\$ 38,000.00
2014 BASS TRACKER	\$ 2,500.00
1532 ALEXANDRIA PL. S.	\$ 995,800.00
STATE FARM FEDERAL CREDIT UNION	\$ 106,381.36
2837 BASS HAVEN LN. ST. AUGUSTINE , FLA	\$ 309,800.00
3535 HENDRICKS AVE. JAX FL 32207	\$ 383,400.00
3707 HENDRICKS AVE JAX. FL 32207	\$ 850,000.00
EQUITABLE VARIABLE ANNUITY	\$ 51,316.79
CORNERSTONE IRA VARIABLE	\$ 503,455.00
LINCOLN FINANCIAL IRA	\$ 283,612.22
AMERICAN FUNDS SIMPLE IRA PLAN	\$ 200,473.62
REGIONS CHECKING ACCT	\$ 1,392.62
REGIONS PERSONAL MONEY MARKET	\$ 97,383.34
REGIONS BUSINESS MONEY MARKET	\$ 119,572.00
COGENT MONEY MARKET2550.00	\$ 2,550.00
STATE FARM WHOLE LIFE INSURANCE	\$ 11,502.75
STATE FARM WHOLE LIFE INSURANCE	\$ 5,188.77
STATE FARM WHOLE LIFE INSURANCE	\$ 10,348.74
STATE FARM WHOLE LIFE INSURANCE	\$ 10,185.83
STATE FARM WHOLE LIFE INSURANCE	\$ 76,462.30
STATE FARM WHOLE LIFE INSURANCE	\$ 56,499.45
STATE FARM WHOLE LIFE INSURANCE	\$ 78,236.89
STATE FARM WHOLE LIFE INSURANCE	\$ 40,343.87
STATE FARM WHOLE LIFE INSURANCE	\$ 5,081.47
STATE FARM UNIVERSAL LIFE INSURANCE	\$ 45,715.44
STATE FARM UNIVERSAL LIFE INSURANCE	\$ 44,404.45
STATE FARM DEFERRED LIFE ANNUITY	\$ 2,851.65

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Description of Asset	Value of Asset
MATTHEW F CARLUCCI INS. AGENCY INC (STATE FARM)	\$ 1,368,601.46
REGIONS BUSINESS CHECKING	\$ 2,987.56
REGIONS PERSONAL SAVINGS	\$ 1,021.36

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
COGENT BANK	5011 GATE PKWY BLDG 100 #150 JAX FL 32256	\$ 221,938.00
STATE FARM	STATE FARM FCU	\$ 8,966.57

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 2023 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 2023 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
MATTHEW F CARLUCCI	3707 HENDRICKS AVE JAX FL 32207	\$ 365,638.12
CITY OF JACKSONVILLE	117 WEST DUVAL ST JAX FL 32202	\$ 49,974.00

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: 06/10/2024

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