

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Susan King, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Susan King
- Position/Title within Nonprofit: President and CEO
- Name of Nonprofit Organization: Regional Food Bank of Northeast Florida, Inc. (d/b/a Feeding Northeast Florida)
- Address of Nonprofit: 5245 Old Kings Road Jacksonville, FL 32254

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:

The Mayor or her/his spouse or children

Any of the 19 City Council Members or their spouse or children

Any of the Mayor's Executive Staff or their spouse or children*

Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?

The Mayor or her/his spouse or children

Any of the 19 City Council Members or their spouse or children

Any of the Mayor's Executive Staff or their spouse or children*

Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

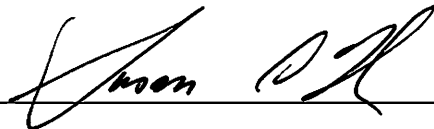
If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

Nature of relationship: _____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.



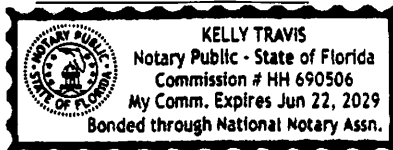
Print Name: Susan King

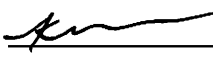
STATE OF FLORIDA

COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [☒] physical presence or [] online notarization, this 10 day of Nov 2025, by Susan King as President & CEO for Regional Food Bank of Northeast Florida, INC., who is [☒] personally known to me or [☐] has produced identification and who took an oath.

Type of identification produced: FL DL.




Notary Public, State of Florida

Print Name: Kelly Travis

Commission No. HH 690506

My Commission Expires: Jun 22, 2029

*A list of persons in this category will be supplied upon request.