

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITHOUT PARTY AFFILIATION**

RECEIVED

JAN 12 2023

DUVAL COUNTY ELEC.
By 63

OFFICE USE ONLY

Candidate Oath

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

I, OMEGA ALLEN,
(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.)

am a candidate for the office of MAYOR, _____, _____,
(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 No Party Affiliation

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

I am registered without any party affiliation and have not been a registered member of any political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify.

Candidate's Florida Voter Registration Number (located on your voter information card): 103739693

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):

O-MAI-Guh A-LEN

Omega Allen (904) 465-4660 goodhygroup@comcast.net
Signature of Candidate Telephone Number Email Address
13825 Victoria Lakes Dr. JACKSONVILLE, FLORIDA 32226
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 12th day of January, 2023.
Personally Known OR Produced Identification
Type of Identification Produced: _____

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

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

General Information

Name: Dr Eldre Omega Allen
Address: 13825 Victoria Lakes Dr., Jacksonville, FL 32226
County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
City of Jacksonville Mayor	City of Jacksonville	Mayor

Net Worth

My Net Worth as of December 31, 2022 was \$ 810,253.00.

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 \$ 82,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
13825 Victoria Lakes Dr. 32226	\$ 415,200.00
1665 W. 17th St. 32209	\$ 198,400.00
Closely Held Business (Capitalized Earnings)	\$ 538,700.00

2022 Form 6 - Full and Public Disclosure of Financial Interests

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
U S Bank	6410 Southpoint Pkwy, Ste. 100, Jacksonville, FL 32216	\$ 201,717.16
Nelnet	PO BOX 82561, Lincoln, NE 68501	\$ 202,984.62
Citizens Bank	One Citizens Bank Way, JCB 135, Johnston, RI 02919	\$ 19,346.06

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.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
The Goodly Group of NE FL, Inc.	13825 Victoria Lakes Dr. Jacksonville, FL 32226	\$ 42,087.00

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

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

Interests in Specified Businesses

Business Entity # 1
N/A

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.

Eldre Omega Allen

Digitally signed: 01/11/2023

For Qualifying
Purposes Only

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DUVAL COUNTY ELEC.
By VH

WORLDWIDE SERVICE

OMEGA ALLEN FOR MAYOR CAMPAIGN ACCOUNT
PH: 904-465-4660
13825 VICTORIA LAKES DR
JACKSONVILLE, FL 32226-4898

Date 1-12-23 117

Pay to the Order of Supervisor of Elections \$ 9,200.64
Nine Thousand Two Hundred + 64 Dollars


VyStar Credit Union
P.O. Box 45085 • Jacksonville, FL 32232-5085


For Qualifying Fee  MP

Photo Safe Deposit Details on back.