

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

**RECEIVED**

JAN 11 2023

DUVAL COUNTY ELEC.  
By VH

OFFICE USE ONLY

**Candidate Oath**

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

I, Nahshon Nicks  
(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 City Council At Large, \_\_\_\_\_, \_\_\_\_\_,  
(Office) (District #) (Circuit #)  
5; 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 Party**

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

I am a member of the Democrat Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 103837837

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):

**X** [Signature] (904) 534-0624 VoteNicks4Tax@gmail.com  
Signature of Candidate Telephone Number Email Address  
PO Box 41651 Jacksonville FL 32203  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Duval

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

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 11<sup>th</sup> day of January, 2023.  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

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

**General Information**

Name: Mr Nahshon Lamir Nicks  
Address: 1650 N LAURA ST, JACKSONVILLE, FL 32206  
County:

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Jacksonville City Council	City Council At-Large Group 5	At Large Group 5

**Net Worth**

My Net Worth as of December 31, 2022 was \$ 200,000.00.

**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 \$ 400,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Candidate did not complete section.	

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
Jet Home Loans	14701 Philips Hwy Suite 202, Jacksonville, FL 32256	\$ 300,300.00
Student Loan Exchange	17610 Beach Blvd #20, Huntington Beach, CA 92647	\$ 100,000.06

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
First Coast Leadership Foundation	2049 North Pearl Street Jacksonville, FL 32206	\$ 60,050.00

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
Team NITRO MMA LLC	Training	PO Box 41651	Training

2022 Form 6 - Full and Public Disclosure of Financial Interests

**Interests in Specified Businesses**

**Business Entity # 1**

<b>Name of Business Entity</b>	Team NITRO MMA LLC
<b>Address of Business Entity</b>	PO Box 41651
<b>Principal Business Activity</b>	Martial Arts
<b>Postion Held with Entity</b>	President
<b>I own more than a 5% Interest in the Business</b>	Yes
<b>Nature of Ownership Interest</b>	Founder

**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.

***Nahshon Lamir Nicks***

Digitally signed: 01/10/2023

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DUVAL COUNTY ELEC.  
By VH

NAHSHON NICKS FOR CITY COUNCIL 05/02/06  
AT-LARGE GROUP 5  
PO BOX 41651  
JACKSONVILLE 32203-1651

[Redacted] 1001

1/11/23

DATE

\$ 3,408.24

PAY TO THE ORDER OF

Supervisor of Elections

Three thousand four hundred eight dollars and twenty four cents  
DOLLARS



Security Features  
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Back.



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

FOR

*[Signature]*

[Redacted]

[Redacted]