

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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JUN 13 2024

DUVAL COUNTY ELEC.
of

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Nahshon Nicks

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of

School Board District

(Office)

5
(District #)

I am a qualified elector of

Duval

County, Florida; I am a qualified elector 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.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

[Signature]

(904) 534-0624

PastorNicks@gmail.com

Signature of Candidate

Telephone Number

Email Address

49157 Morning Rise Circle

Jacksonville

FL

32218

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF

Duval

[Signature]

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 13 day of June, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FLDL



CIERRA ALEXXUS M FACKLER
Commission # HH 422514
Expires July 17, 2027

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JUN 13 2024

2023 Form 6 - Full and Public Disclosure of Financial Interests

DUVAL COUNTY ELEC.
BY 

General Information

Name: Mr Nahshon Lamir Nicks
Address: PO BOX 41651, JACKSONVILLE, FL 32203
County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Duval County Public Schools	School board member District 5

Net Worth

My Net Worth as of December 31, 2023 was \$ 350,000.00.

For Quality Only
Purposes

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
House	\$ 35,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mohela	633 Spirit Drive Chesterfield, MO	\$ 170,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

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
Vitas Healthcare	7406 Fullerton St Jacksonville, FL 32256	\$ 51,000.00

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
Team NITRO MMA	Kids Hope Alliance	A. Phillip Randolph Blvd Jacksonville, FL 32206	Martial Arts and Mentoring

Interests in Specified Businesses

Business Entity # 1
N/A

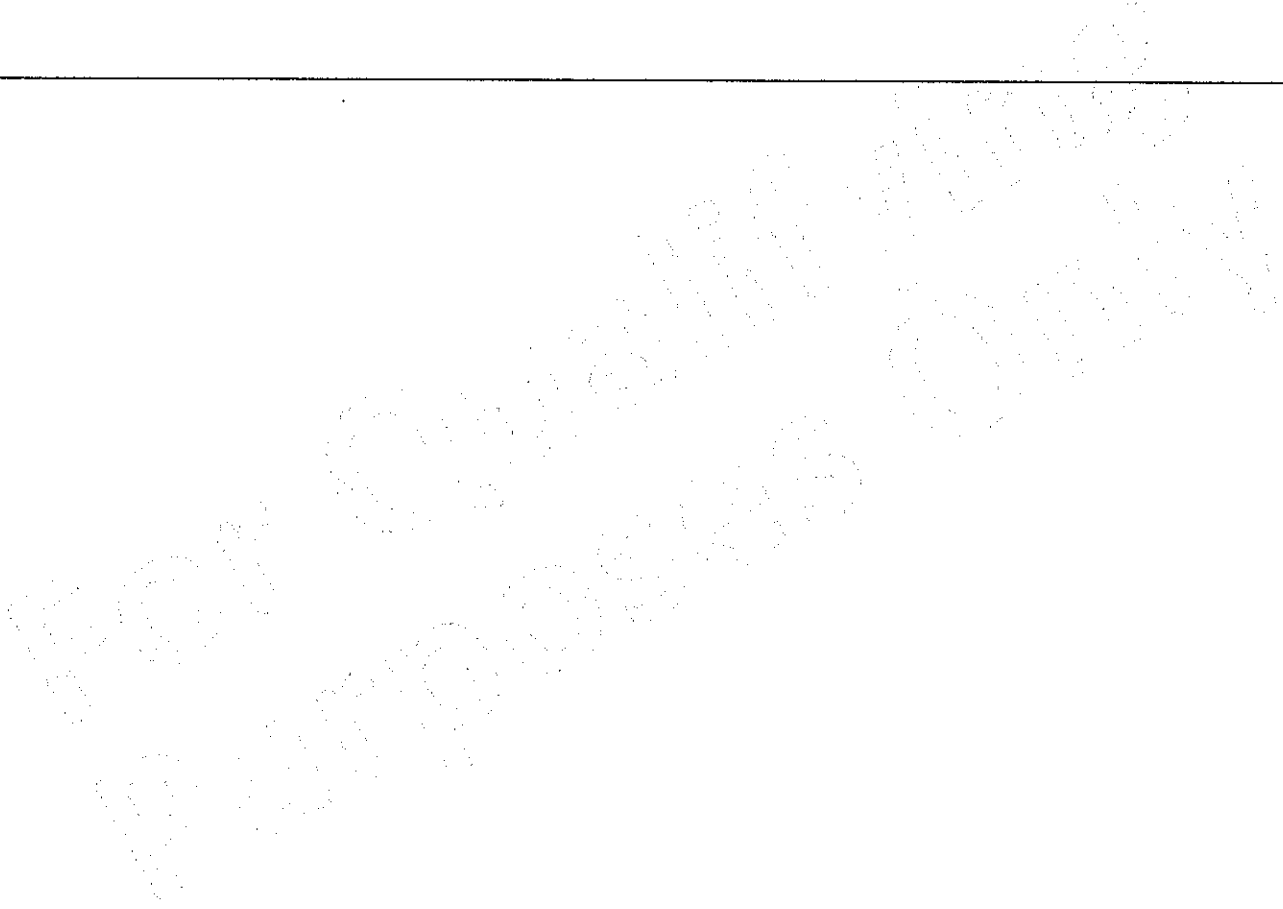
2023 Form 6 - Full and Public Disclosure of Financial Interests

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Nahshon Lamir Nicks

Digitally signed: 06/13/2024



1112

NAHSHON L NICKS CAMPAIGN
4917 MORNING RISE CIR
JACKSONVILLE, FL 32218-9346

DATE 06/13/24

PAY TO THE
ORDER OF

Supervisor of Elections

\$ 2,136.24

Two thousand one hundred thirty six dollars and twenty four cents
DOLLARS



Memo

qualifying fee

