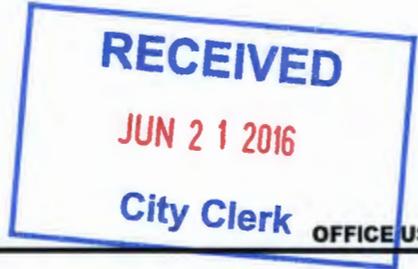


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)



**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, Cory Nichols, P.E.

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Mayor - City of Jacksonville Beach, N/A,  
(office) (district #)

N/A, Mayor; I am a qualified elector of Duval County, Florida;  
(circuit #) (group or seat #)

I am qualified 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.

**X** [Signature] (904) 404-2051 Cory4Mayor@gmail.com  
Signature of Candidate Telephone Number Email Address

1107 1st St S; Unit C Jacksonville Beach FL 32250  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103319481

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
KOR-ee ni-KOLS

STATE OF FLORIDA  
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 21 day of June, 2016.

Personally Known: [Signature] or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





RESIDENCY AFFIDAVIT



STATE OF FLORIDA
COUNTY OF DUVAL
CITY OF JACKSONVILLE BEACH, FLORIDA ss.

Before me, the undersigned authority, authorized to take oaths, personally appeared

Cory Nichols, P.E.

(Name of Candidate - Please Print)

who being by me first duly sworn, deposes and says that they are a registered elector of the City of Jacksonville Beach, Florida; and have resided within the limits of the City of Jacksonville Beach, Florida, for a period of six (6) months preceding the election and have been a bona fide resident for a period of at least six (6) months prior to qualifying; and that they are otherwise qualified to vote as defined by the Constitution and Statutes of the State of Florida in the Municipal Election to be held August 30, 2016 and/or November 8, 2016, in the City of Jacksonville Beach, Florida.

Address of Candidate: 1107 1st St S, Unit C

Jacksonville Beach, FL 32250

[Handwritten signature of Cory Nichols]

(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 21 day of June, A.D. 2016.

[Handwritten signature of Jennifer K Yee]

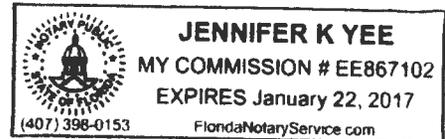
Signature NOTARY PUBLIC

Jennifer K Yee
(Printed Name)

Personally Known: [initials] or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



City of Jacksonville Beach
City Hall
11 North Third Street
Jacksonville Beach
FL 32250
Phone: 904.247.6299
904.247.6250
Fax: 904.247.6256
E-Mail: cityclerk@jaxbchfl.net
www.jacksonvillebeach.org



8

CITY OF JACKSONVILLE BEACH  
2016 MUNICIPAL ELECTION  
NOMINATION OF CANDIDATE

RECEIVED  
JUN 07 2016  
City Clerk



"We, the undersigned ten (10) electors and residents of the City of Jacksonville Beach, hereby nominate:

Cory Nichols, P.E. for the office of:  
(Candidate's Name)

City of Jacksonville Beach <sup>Mayor</sup> ~~Council Member~~, District # N/A, Seat # N/A

to be voted for at the election to be held the year 2016, and we individually certify that we are qualified to vote at such election."

PRECINCT# ? NAME: (Please print) Katie Little SIGNATURE: Katie Little  
ADDRESS: 2330 Beach Blvd, Jax Beach, FL 32250

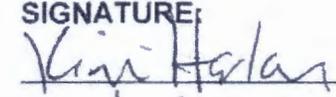
PRECINCT# 1303 ✓ NAME: (Please print) BILLYE A Bussard SIGNATURE: Billye A Bussard  
ADDRESS: 16 HOPSON Rd, JACKSONVILLE BEACH, FL 32250

PRECINCT# 1301 ✓ NAME: (Please print) Shannon L Smith SIGNATURE: Shannon L Smith  
ADDRESS: 2301 Gordon Ave Jax Beach, FL 32250

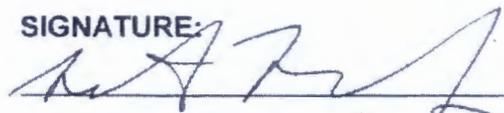
Cory Nichols - Mayor of Jacksonville Beach

PRECINCT#           ? NAME: (Please print) Samuel Matthew Ortiz SIGNATURE:   
ADDRESS: 9645 Beyermeadows RD APT 830

PRECINCT#            NAME: (Please print) CHARLES SUNDAL SIGNATURE:   
ADDRESS: 122 11<sup>TH</sup> AVE S. 32230 Jacksonville Beach

PRECINCT# 1303 ✓ NAME: (Please print) Kim Harlan SIGNATURE:   
ADDRESS: 1031 1<sup>ST</sup> Street South Apt 1001, Jacksonville Beach 32250

PRECINCT# 1303 ✓ NAME: (Please print) Paul John Hirdler SIGNATURE:   
ADDRESS: 1031 1<sup>ST</sup> Street South Apt 1001, Jacksonville Beach, FL 32250

PRECINCT# 1303 ✓ NAME: (Please print) Stephen Fitzgerald SIGNATURE:   
ADDRESS: 1107 1<sup>ST</sup> ST S. #K JACK BEACH FL 32250

- Cory Nichols - Mayor of Jacksonville Beach

PRECINCT#

NAME: (Please print)

SIGNATURE:

ADAM HAMILTON



ADDRESS: 1116 1st ST. S APT. 2 Jacksonville Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

LINDY SLOVER



ADDRESS: 1107 S. 1st STREET AFE JAX BEACH, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

Kevin C. Boran



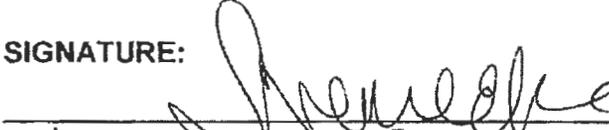
ADDRESS: 1116 1st St South Jax Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

Staci Nemecek



ADDRESS: 1715 2nd St. S Jax Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

Jeff Scott



ADDRESS: 577 11th Ave S 32250 JAX Beach

Cory Nichols - Mayor of Jacksonville Beach

PRECINCT#

NAME: (Please print)

SIGNATURE:

1303 ✓

JOHN PEARSON

ADDRESS: 1102 1<sup>ST</sup> STREET SOUTH, UNIT A

PRECINCT#

NAME: (Please print)

SIGNATURE:

?

KEVIN SLOWEN

ADDRESS: 1107 1<sup>ST</sup> STREET SOUTH, UNIT B

PRECINCT#

NAME: (Please print)

SIGNATURE:

1303 ✓

MICHAEL MALLOY

ADDRESS: 1107 1<sup>ST</sup> ST SOUTH A JAX BEACH FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

?

CARRIE RICE

ADDRESS: 1116 1<sup>ST</sup> ST. S. Apt 2

PRECINCT#

NAME: (Please print)

SIGNATURE:

?

TRAVIS RICE

ADDRESS: 1116 1<sup>ST</sup> ST S. APT #2

Jax Beach

(4)

Cory Nichols

PRECINCT#

NAME: (Please print)

SIGNATURE:

1304 ✓

Nancy Waring

Nancy Waring

ADDRESS: 422 3rd ave S Jacksonville Beach, FL 32250  
or 418 3rd Ave S

PRECINCT#

NAME: (Please print) Nicole Murphy

SIGNATURE:

1303 SU

Nicole Murphy

Nicole Murphy

ADDRESS: ~~1715 streets~~ 1715 2nd St S Jacksonville Beach, FL 32250  
52180 Jax Beach

PRECINCT#

NAME: (Please print)

SIGNATURE:

? 1300

Amber Dubois

Amber Dubois

ADDRESS: 1300 Shetter Ave Apt 7208  
1300 Shetter Ave APT 7208 Jacksonville Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

? 1597

Carme Hansen

Carme Hansen

ADDRESS: 1597th Ave Fortn Jacksonville Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

? 1904

Melgan Fee

Melgan Fee

ADDRESS: 1904 Tanglewood Dr Jacksonville Beach, FL 32250

Received  
JUN 20 2016  
Jacksonville Beach City Clerk

Cory Nichols

Received  
JUN 20 2016  
Jacksonville Beach City Clerk

PRECINCT# 1302 SU NAME: (Please print) Senida Mujic  
Senida Mujic

SIGNATURE: [Signature]

ADDRESS: 1904 tanglemood rd

Jax Beach FL 32250  
Jacksonville Beach, FL 32250

PRECINCT# 1304 ✓ NAME: (Please print) Rebecca Medina-Anderson

SIGNATURE:

ADDRESS: 525 3rd St N #502

Jax Beach FL 32250

PRECINCT# 1304 ✓ NAME: (Please print) Spencer Medina

SIGNATURE:

ADDRESS: 525 3rd St N #502  
or 50 3rd Ave S Apt 501

Jax Beach FL 32250

PRECINCT# 705 SU NAME: (Please print) Alexis Medina

SIGNATURE:

ADDRESS: 525 3rd St N #502

Jax Beach FL 32250

PRECINCT# 1304 ✓ NAME: (Please print) Fernando Mera

SIGNATURE:

ADDRESS: 607 7th Ave S. Jax Beach FL 32250

Received  
JUN 20 2016  
Jacksonville Beach City Clerk

**ACCEPTANCE OF NOMINATION**

I, Cory Nichols, HEREBY ACCEPT the nomination for the office of **City of Jacksonville Beach Mayor**, and state that I am qualified to be a candidate for the office and agree to serve if elected.

[Signature]  
(Signature of Candidate)

6/21/16  
Date

\*\*\*\*\*

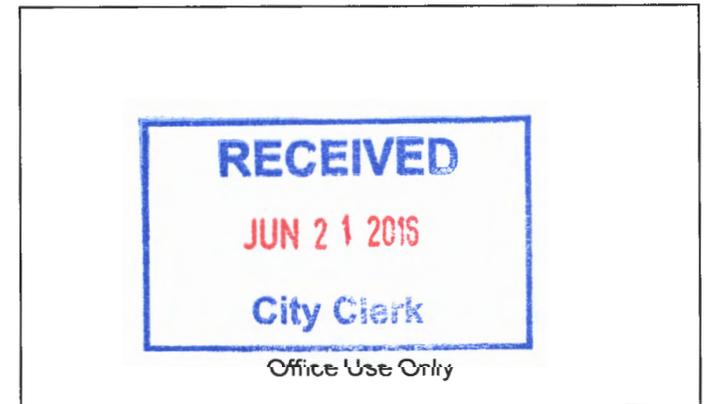
**CERTIFICATION**

I, Sandra Scott, HEREBY CERTIFY that the above petition was filed with me on the 21<sup>st</sup> day of June, A.D. 2016.

[Signature]  
(Signature of City Clerk/Assistant City Clerk)



(City Seal)



**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2015**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Nichols, Cory Wayne

MAILING ADDRESS :

1107 1st ST S

Unit C

CITY :

Jacksonville Beach

ZIP :

32250

COUNTY :

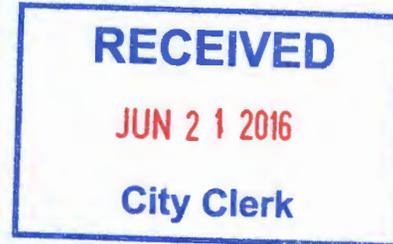
Duval

NAME OF AGENCY :

City of Jacksonville Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor



You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
AE Engineering, Inc.	6440 Southpoint Parkway	Senior Project Engineer
	Suite 300	Principal / SVP
	Jacksonville, FL 32216	

**PART B -- SECONDARY SOURCES OF INCOME**  
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

N/A
-----

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

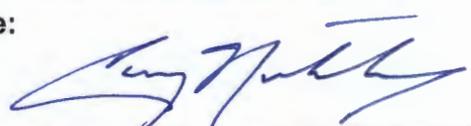
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
N/A		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**  
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

<u>SIGNATURE OF FILER:</u>	<u>CPA or ATTORNEY SIGNATURE ONLY</u>
Signature:  _____ Date Signed: <u>6/20/16</u> _____	If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: _____ Date Signed: _____

**FILING INSTRUCTIONS:**

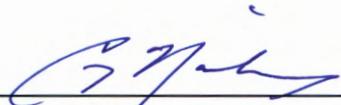
<p><b>WHAT TO FILE:</b>          After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b>  <b>MULTIPLE FILING UNNECESSARY:</b>          A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b><u>Facsimiles will not be accepted.</u></b></p>	<p><b>WHERE TO FILE:</b>          If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p><b>Local officers/employees</b> file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p><b>State officers or specified state employees</b> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b>  <b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. <b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <b>not</b> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Supervisor of Elections  
Duval County, Florida  
(Municipal Candidate)  
Notification of Public Logic and Accuracy Test Receipt  
Please complete and sign. Thank you!

I, Cory Nichols, a filed/qualified candidate for the office of Mayor

do hereby acknowledge that I have received written notification of the time, date and location of the  
Public Logic and Accuracy Tests of the automatic tabulating equipment to be used in the

**2016 PRIMARY ELECTION** to be held on **AUGUST 30, 2016** and  
**2016 GENERAL ELECTION** to be held on **NOVEMBER 8, 2016**

  
(Signature)

6/21/16  
(Date)

Received by:

  
Clerk Staff

