

General Information

Name: Ju'Coby Ann Pittman

PID 55332

AGENCY INFORMATION

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	City Council Member, District 10
Jacksonville	KingSoutel Crossing Community Redevelopment Agency Board	Board Member
Jacksonville	Renew Arlington Community Redevelopment Agency Board	Board Member

Net WorthMy Net Worth as of December 31, 2025 was \$ 992,752.76.

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.

The aggregate value of my household goods and personal effect is \$ 216,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2816 Ribault Scenic Dr., Jacksonville, FL 32208	\$ 216,137.00
Vehicles-Cadillac-20215, Nissan, 2009, Pssate 2009	\$ 49,392.48
Intangible Property-Brown/Brown, Mutual of American IRA, State Farm, RIFI Credit Union	\$ 800,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper Mortgage	P. O. Box 650783, Dallas, TX 75265	\$ 68,399.34
Cadillac Financial	P. O. Box 78143, Phoenix	\$ 4,376.90

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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 2025 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.

PRIMARY SOURCES OF INCOME:

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

Interests in Specified Businesses

[illegible]

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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.

Ju'Coby Ann Pittman

Digitally signed: 07/01/2026

Filed with COE: 07/01/2026

Form 1040	Department of the Treasury—Internal Revenue Service	2025	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
	U.S. Individual Income Tax Return			
For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, 2025, ending _____, 20				
See separate instructions.				
☐ Filed pursuant to section 301.9100-2		☐ Combat zone		☐ Deceased ☐ Spouse
☐ Other				

Your first name and middle initial JU ' COBY	Last name PITTMAN	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O box, see instructions. P.O. BOX 2028		Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐ Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. JACKSONVILLE		State FL		ZIP code 32203
Foreign country name	Foreign province/state/county	Foreign postal code		

Filing Status ☒ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents
☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.				

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	143,734
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 31	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions). Enter type and amount:	1h	
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	143,734
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b	4b	
	4a IRA distributions	4a	
	c Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐	5b	
5a Pensions and annuities	5a		
c Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐	6b		
6a Soc. sec. ben.	6a		
c If you elect to use the lump-sum election method, check here (see instructions)			
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here			
7a Capital gain or (loss). Attach Schedule D if required	7a		
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)			
8 Additional income from Schedule 1, line 10	8	0	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	143,734	
10 Adjustments to income from Schedule 1, line 26	10	0	
11a Subtract line 10 from line 9. This is your adjusted gross income	11a	143,734	

Form 1040 (2025) **JU'COBY PITTMAN****Tax and Credits****Standard Deduction for -**

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see instr.

11b	Amount from line 11a (adjusted gross income)	11b	143,734
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	127,984
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972		
3		16	23,563
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	23,563
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23,563
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	23,563

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23,083
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23,083
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		
c	If you do not want to claim the EIC, check here ☐		
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	23,083

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe.	37	480
	For details on how to pay, go to www.irs.gov/Payments or see instructions		
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions.		☐ Yes. Complete below.	☒ No
Designee's name	Phone no.	Personal identification number (PIN)	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		EXECUTIVE DIRECTOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
Dr. Dan Anekwa		06/29/26	P02399806	
Firm's name	Firm's EIN		Phone no.	
Enofe & Associates, LLC	27-0649858	904-301-1260		
Firm's address	Firm's EIN		Phone no.	
5991 Chester Ave Ste 204 Jacksonville FL 32217-2245	27-0649858	904-301-1260		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2025)