City of Jacksonville Beach - 2014 Municipal Election

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

Received
JUN 17 2014
Jacksonville Beach City Clerk

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, John Galarneau

(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 Jacksonville Beach City Council member (office), 3 (district #),

N/A (~~circuit #~~), 6 (~~group or seat #~~); I am a qualified elector of Duval County, Florida;

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) 249-0282 votejohng@clearwire.net

Signature of Candidate | Telephone Number | Email Address

2002 Grove St Jacksonville Beach FL 32250

Address | City | State | ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103 804 728

* 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):

_____

STATE OF FLORIDA

COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 17TH **day of** JUNE, 20 14.

Personally Known: ✓ or

Produced Identification: _____

NANCY J. PYATTE
Commission # EE 144550
Expires November 18, 2015
Bonded Thru Troy Fain Insurance 800-385-7019

Nancy J Pyatte
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____

JACKSONVILLE BEACH

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

OFFICE OF THE CITY CLERK

RESIDENCY AFFIDAVIT

Received
JUN 17 2014
Jacksonville Beach City Clerk

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

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

John Galarneau
(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** of **District No.** 3 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(s) to be held **August 26, 2014 and/or November 4, 2014**, in the City of Jacksonville Beach, Florida.

Address of Candidate: 2002 Grove Street
Jacksonville Beach, FL 32250

(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 17th **day of** JUNE, **A.D. 2014.**

Nancy J Pyatte
Signature NOTARY PUBLIC

NANCY J PYATTE
(Printed Name)

Personally Known: ✓ *or*

Produced Identification: _____

Type of Identification Produced:

NANCY J. PYATTE
Commission # EE 144550
Expires November 18, 2015
Bonded Thru Troy Fain Insurance 800-385-7019

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2013

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

FOR OFFICE USE ONLY:

Received
JUN 17 2014
Jacksonville Beach City Clerk

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Galarneau, John Paul

MAILING ADDRESS :
P.O. Box 50361

CITY : Jacksonville Beach
ZIP : 32240
COUNTY : Duval

NAME OF AGENCY :
City of Jacksonville Beach, Florida 32250

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City Council Seat # 6 , District # 3

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, 2013 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:

☐ **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
U.S. Army Retirement	DFAS, P.O. Box 7130, London,KY 40742	National Defense
U.S. Navy Retirement	OPM, P.O. Box 45, Boyers, PA 16017	National Defense
Social Security Administration	SSA, 1 Jamaica Center Plaza, Jamaica, NY 11432	Social Security
Federal Retirement Thrift Savings Plan	TSP, P.O. Box 385021, Birmingham, AL 35238	Defined Contribution Plan

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
None			

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.

(Continued on reverse side)

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
None	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
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		

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

SIGNATURE (required):

DATE SIGNED (required):

June 16, 2014

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.

Signature _____ Date _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:
MULTIPLE FILING UNNECESSARY:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

Local officers/employees 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.)

State officers or specified state employees 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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file ***within 30 days*** 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.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

23 signatures

1302
1310

RECEIVED
JUN 16 2014
City Clerk

CITY OF JACKSONVILLE BEACH
2014 MUNICIPAL ELECTION
NOMINATION OF CANDIDATE

JACKSONVILLE BEACH

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

John Galarneau for the office of:

(Candidate's Name)

City of Jacksonville Beach Council Member, District # 3, Seat # 6

to be voted for at the election to be held the year 2014, and we individually certify that we are qualified to vote at such election."

PRECINCT#	NAME: (Please print)	SIGNATURE:
1302 ✓	Larry F. Hoe	✓
	ADDRESS: 1539 Bentin Dr. N. Jax. Beach, Fl. 32250	
PRECINCT#	NAME: (Please print)	SIGNATURE:
1302 ✓	~~Austin M~~ Austin M. Jarrett	✓
	ADDRESS: 1539 Bentin Dr. N.	
PRECINCT#	NAME: (Please print)	SIGNATURE:
1310 ✓	Andrew Galarneau	Andrew Galarneau ✓
	ADDRESS: 2002 Grove Street Jax Beach FL 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	Gene Paul Smith	✓
	ADDRESS: 1216 21st ST. N.	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	LEONARD B. LUCAS	✓
	ADDRESS: 906 16TH ST N	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	William T. Groves	William T. Groves ✓
	ADDRESS: 1537-2nd Ave North Jacksonville Beach Fl 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	PATRICIA A. Graves	Pat A Graves ✓
	ADDRESS: 1537 2nd Ave N, J AX BCH FL 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	SUZANNE HICKEN	Suzanne Hicken ✓
	ADDRESS: 1004 10th ST N. 32250	

PRECINCT#	NAME: (Please print)	SIGNATURE:
1310 ✓	RICHARD ANDERSON	Richard Anderson ✓
	ADDRESS: 1919 Grove St. Jax Bch.	

PRECINCT#	NAME: (Please print)	SIGNATURE:
1310 ✓	Spencer Anderson	[illegible] ✓
	ADDRESS: 1919 Grove St Jax Bch	

PRECINCT#	NAME: (Please print)	SIGNATURE:
1310 ✓	STEPHANIE GLAWE	Steph Glawe ✓
	ADDRESS: 1922 GROVE ST. JAX BCH	

PRECINCT#	NAME: (Please print)	SIGNATURE:
1310 ✓	SAM GLAWE	[illegible] ✓
	ADDRESS: 1922 Grove St Jax Bch Fl 32250	

PRECINCT#	NAME: (Please print)	SIGNATURE:
1310 ✓	NANCY FREEMAN	Nancy W. Freeman ✓
	ADDRESS: 2007 Grove St. JAX BCH, FL 32250.	

PRECINCT# 1302 ✓
NAME: (Please print) JAMES HICKEN
SIGNATURE: [illegible] ✓
ADDRESS: 1004 N. 10th St Jacksonville Bch FL 32250

PRECINCT# 1310 ✓
NAME: (Please print) William Carlyle
SIGNATURE: [illegible] ✓
ADDRESS: 1810 Grove Street JAX Beach Florida 32250

PRECINCT# 1310 ✓
NAME: (Please print) JACK BRIT
SIGNATURE: [illegible] ✓
ADDRESS: 1910 GROVE St JAX. BEACH, Florida 32250

PRECINCT# 1310 ✓
NAME: (Please print) Cathy Jaeger
SIGNATURE: [illegible] ✓
ADDRESS: 1914 Grove ST Jax Bch FL 32250

PRECINCT# 1310 ✓
NAME: (Please print) Eileen Merkel
SIGNATURE: [illegible] ✓
ADDRESS: 2003 Grove St Jax Bch

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	Page W. Holt	Page W. Holt ✓
	ADDRESS: 1539 Bentin Drive N. Jax Bch Fl 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1310 ✓	Theresa M. Ward	Theresa Ward ✓
	ADDRESS: 819 16th Ave N. Jacksonville Beach, Fl. 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1309	Martha Allen	[illegible]
	ADDRESS: 1701 Azalea Dr. Jacksonville Beach, FL, 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	Parker Jarrett	[illegible] ✓
	ADDRESS: 1539 Bentin Dr. N.	Jacksonville Beach, FL - 32250

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1310 ✓	Sally Anderson	[illegible] ✓
	ADDRESS: 1919 Grove ST	Jax Bch FL 32250

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
1302 ✓	WILLIAM LEE	William Lee ✓
	ADDRESS: 1180 23RD NO. JACKSONVILLE BEACH, FL 32250	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
	ADDRESS:	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
	ADDRESS:	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
	ADDRESS:	

PRECINCT#	NAME: *(Please print)*	SIGNATURE:
	ADDRESS:	

ACCEPTANCE OF NOMINATION

I, John Galarneau, **HEREBY ACCEPT** the nomination for the office of **City of Jacksonville Beach** **Council Member, District #** 3, **Seat #** 6, and state that I am qualified to be a candidate for the office and agree to serve if elected.

(Signature of Candidate)

June 17, 2014
Date

****

CERTIFICATION

I, NANCY J PYATTE, **HEREBY CERTIFY** that the above petition was filed with me on the 17TH day of JUNE, A.D. 2014.

(Signature of City Clerk/Assistant City Clerk)

(City Seal)

Received
JUN 17 2014
Jacksonville Beach City Clerk

Office Use Only

Supervisor of Elections
Duval County, Florida
and
City of Jacksonville Beach

Notification of Public Logic and Accuracy Test Receipt

Please complete and sign.

I, John Galarneau, a qualified candidate for the office of **Jacksonville Beach City Council Seat No.** 6 **District No.** 3 acknowledge that I have received written notification of the time, date and location of the Public Logic and Accuracy Test (August 5, 2013) of voting machines to be used in the **PRIMARY ELECTION** to be held on **AUGUST 26, 2014**.

(Signature)

June 17, 2014
(Date)

Received by:

Nancy J Pigatto
Jacksonville Beach City Clerk's Office

Received
JUN 17 2014
Jacksonville Beach City Clerk

Elections\Primary L&A receipt 2014