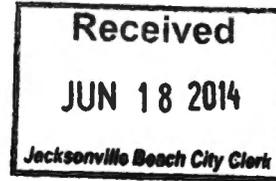


CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, LLOYD HYATT

(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, 3

N/A, 6; I am a qualified elector of DUVAL County, Florida;
(office) (district #)
(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] 904 247 0324 JAHBEACHLLOYD
Signature of Candidate Telephone Number Email Address @GMAIL.COM

134 CORAL WAY JACKSONVILLE BEACH FL 32250
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103739420

* 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 18 day of JUNE, 20 14.

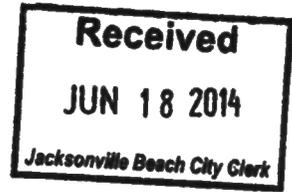
Personally Known: X or _____
Produced Identification: _____
Type of Identification Produced: _____



[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public
Judy L. Bullock



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:

LLOYD HYATT
(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: 134 CORAL WAY
JACKSONVILLE FL 32250

[Handwritten Signature]
(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 18 day of JUNE, A.D. 2014.

[Handwritten Signature]
Signature NOTARY PUBLIC

Judy L. Bullock
(Printed Name)

Personally Known: X 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



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

[Handwritten signature]

OFFICE OF THE CITY CLERK

District 6
3
Seat

E-MAIL COVER SHEET

1310
1302

To: Beth Fleet
 Lana Self
From: Judy Bullock
 cityclerk@jaxbchfl.net
E-mail: Bfleet@coj.net
 lanas@coj.net
Pages: 5 including cover sheet
Phone: 247-6299 ext #10
Date: 06/13/2013
Re: Verification of
 Signatures
CC:

Urgent For Review Please Comment Please Reply Please Complete

Comments:

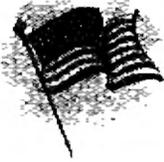
Attached are the nomination signatures for Council Candidate Lloyd Hyatt. Please verify the signature and e-mail back to me at cityclerk@jaxbchfl.net, at your earliest convenience.

Just a reminder, the signatures must be from registered voters residing in the district that the candidate is seeking election.

Judy - looks like he has 10.

Beth





**CITY OF JACKSONVILLE BEACH
2014 MUNICIPAL ELECTION
NOMINATION OF CANDIDATE**



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

LLOYD HYATT 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# 1302.1 NAME: (Please print) Pat Houlihan SIGNATURE: [Signature]
ADDRESS: 131 Coral Way Jacksonville, FL 32250

PRECINCT# 1302.1 NAME: (Please print) Samantha Nader SIGNATURE: [Signature]
ADDRESS: 132 Coral Way Jacksonville Beach, FL 32250

Reg: PRECINCT# 305 NAME: (Please print) Brian Elmire SIGNATURE: [Signature]
ADDRESS: 132 Coral Way Jacksonville Beach FL 32250



CITY OF JACKSONVILLE BEACH
2014 MUNICIPAL ELECTION
NOMINATION OF CANDIDATE

RECEIVED
SEP 11 2013
City Clerk



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

LYDD HYATT

for the following seat:

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

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

PRECINCT #
1302.1

SIGNATURE:

Lyla Hyatt

NAME: (Please print)

Lyla Hyatt

ADDRESS: 134 Coral way, Jax Beach, 32250, FL, USA

PRECINCT #
1302.1

SIGNATURE:

Alan VanNetzel

NAME: (Please print)

ALAN VANNETZEL

ADDRESS: 143 CORAL WAY JAX BEACH FL-32250

PRECINCT #
1304

SIGNATURE:

Deus M Dawes

NAME: (Please print)

DEUS M DAWES

ADDRESS: 202 N 2ND ST JACKSONVILLE 32250

reg in

RECEIVED
SEP 11 2013
City Clerk

PRECINCT #

1310.1 OK ✓

SIGNATURE:

Andrea K. Golding ✓

NAME: (Please print)

SANDRA K. GOLDING

ADDRESS:

1203 18th Ave. N., Jacksonville Beach, FL 32250

PRECINCT #

13104 Reg ✓

SIGNATURE:

Donal P. Brou ✓

NAME: (Please print)

Don Brou

ADDRESS:

1330 2nd Ave N., Jax Beach, FL 32250

PRECINCT #

1302.1 OK ✓

SIGNATURE:

Shirley Vanmetzel ✓

NAME: (Please print)

Shirley Vanmetzel

ADDRESS:

143 Coral Golf Beach 32250

PRECINCT #

1302.1 OK ✓

SIGNATURE:

Robert Samuel Bass ✓

NAME: (Please print)

ROBERT SAMUEL BASS

ADDRESS:

286 CORAL WAY. JAX. BEACH. FL. 32250

PRECINCT #

1304 Reg ✓

SIGNATURE:

Nicola Lynch ✓

NAME: (Please print)

NIKOLA LYNCH

ADDRESS:

326 6TH STREET NORTH, JAX BEACH, FL, 32250

RECEIVED
SEP 11 2013
City Clerk

REGISTRATION
PRECINCT #
1304

SIGNATURE: [Signature]

NAME: (Please print)
KEITH COHERTY

ADDRESS: 927 4TH AVENUE NORTH, JAX BCH, FL

REGISTRATION
PRECINCT #
1304

SIGNATURE: [Signature]

NAME: (Please print)
Graceann Doherty

ADDRESS: 927 4th Ave North Jax Bch FL 32250

PRECINCT #

SIGNATURE: _____

NAME: (Please print) _____

ADDRESS: _____

PRECINCT #

SIGNATURE: _____

NAME: (Please print) _____

ADDRESS: _____

PRECINCT #

SIGNATURE: _____

NAME: (Please print) _____

ADDRESS: _____

L-HYATT DIST. 3 SEAT 6

RECEIVED
JUN 13 2014
City Clerk

06/16/2014 10:13 FAX 9046301894

SUPERVISOR OF ELECTIONS

010

PRECINCT#

NAME: (Please print)

SIGNATURE:

1302.1 OK ✓

JOHN R COCKERILL

John R Cockerill
JAN BEACH, FL 32250

ADDRESS: 829 DEANMAN RD

PRECINCT#

NAME: (Please print)

SIGNATURE:

1302.1 OK ✓

Shannon Hogg

Shannon Hogg ✓
Jax Beach FL 32250

ADDRESS: 1854 Arden Way

PRECINCT#

NAME: (Please print)

SIGNATURE:

1302.1 OK ✓

Tom Taylor

Tom Taylor ✓

ADDRESS: 603 15th St North Jan Beach, FL 32209

PRECINCT#

NAME: (Please print)

SIGNATURE:

ADDRESS: _____

PRECINCT#

NAME: (Please print)

SIGNATURE:

ADDRESS: _____

LLOYD HYATT DIST. 3 SEAT 6

ACCEPTANCE OF NOMINATION

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

[Handwritten Signature of Lloyd Hyatt]

(Signature of Candidate)

6/18/2014

Date

CERTIFICATION

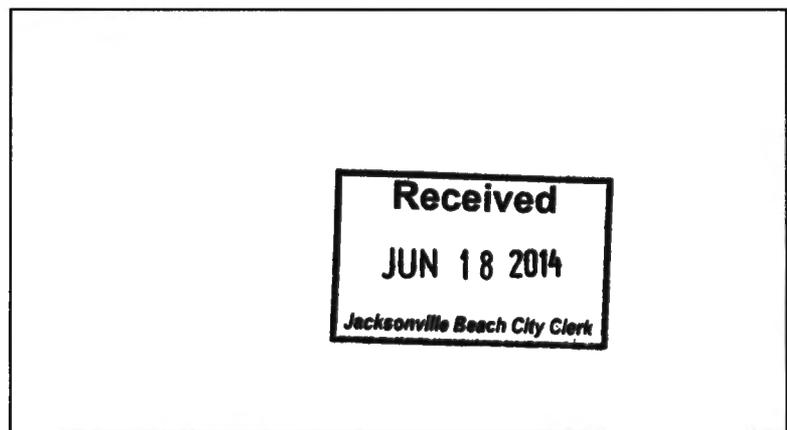
I, Judy L. Bullock, **HEREBY CERTIFY** that the above petition was filed with me on the 18th day of June, A.D. 2014.

[Handwritten Signature of Judy L. Bullock]

(Signature of City Clerk/Assistant City Clerk)



(City Seal)



FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hyatt Lloyd Gene

MAILING ADDRESS :

134 Coral Way

CITY : ZIP : COUNTY :

Jacksonville Beach 32250 Duval

NAME OF AGENCY :

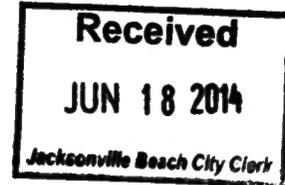
City of Jacksonville Beach, Florida 32250

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
Air Pressure Solutions, Inc	P.O. Box 50914 Jacksonville Beach FL 32240	Repair Telecommunications Equipment

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	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		

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

SIGNATURE (required):

DATE SIGNED (required):

[Handwritten Signature]

6/18/2014

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

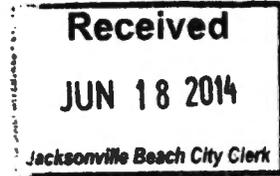
or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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.

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

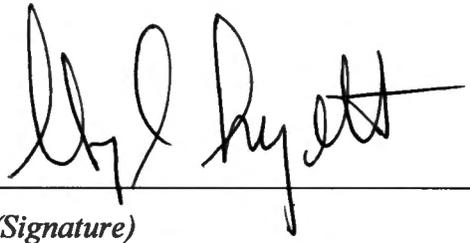


Notification of Public Logic and Accuracy Test Receipt

Please complete and sign.

I, LLOYD HYATT, 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)

6/18/2014
(Date)

Received by:


Jacksonville Beach City Clerk's Office