

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

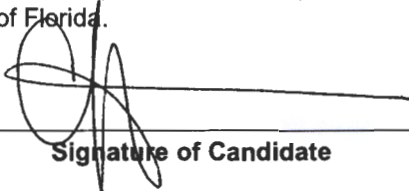
I, Chris Hoffman

(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, Seat 1, At Large,
(office) (district #)

 , ; 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  (904) 476-6153 hoffmanjaxbch@gmail.com
Signature of Candidate Telephone Number Email Address

1026 13th Street, N Jacksonville Beach FL 32250
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108063152

* 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):

KRIS HAWF-man

STATE OF FLORIDA

COUNTY OF Duval

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

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____


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



RESIDENCY AFFIDAVIT

RECEIVED
JUN 21 2016
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

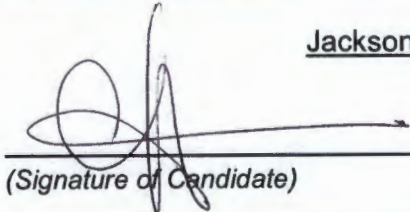
Christine Hoffman

(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: 1026 13th Street North

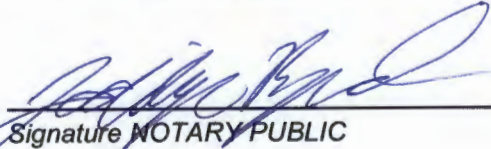
Jacksonville Beach, FL 32250



(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

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



Signature NOTARY PUBLIC

Jodilyn Byrd

(Printed Name)

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

 **JODILYNN C. BYRD**
MY COMMISSION # FF998885
EXPIRES June 02, 2020
(407) 398-0153
FloridaNotaryService.com

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



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RECEIVED CITY OF JACKSONVILLE BEACH
MAY 23 2016
2016 MUNICIPAL ELECTION
NOMINATION OF CANDIDATE
City Clerk

RECEIVED
MAY 23 2016
City Clerk

**JACKSONVILLE
BEACH**

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

Christine Hoffman for the office of:
(Candidate's Name)

City of Jacksonville Beach Council Member, District # At Large, Seat # 1

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# 1311 ✓ NAME: (Please print) Phil Vogelvang SIGNATURE: [Signature]
ADDRESS: 3145 Fullan Ct, Jax Bch, FL 32256

PRECINCT# 1304 ✓ NAME: (Please print) KEITH O'HEERTY SIGNATURE: [Signature]
ADDRESS: 927 4th Ave North Jax Beach

PRECINCT# 1302 ✓ NAME: (Please print) Kenyatta Ramsey SIGNATURE: [Signature]
ADDRESS: 1007 12th St N Jax Beach, FL 32250

PRECINCT# 1302 ✓ NAME: (Please print) Matthew C. Bothwell SIGNATURE: [Signature]
ADDRESS: 1118 16th St. N. Jacksonville Beach, FL 32250

PRECINCT# 1310 ✓ NAME: (Please print) Henrietta Watson SIGNATURE: [Signature]
ADDRESS: 814 1st St. N. #201, Jax Beach, FL 32250

PRECINCT# 1304 ✓ NAME: (Please print) Monica Bernhardt SIGNATURE: [Signature]
ADDRESS: 1073 2nd Ave N. Jacksonville Beach, FL 32250

PRECINCT# 1302 ✓ NAME: (Please print) LINDSEY GODFREY SIGNATURE: [Signature]
ADDRESS: 1026 13th Street N Jax Beach, FL 32250

PRECINCT# 1310 ✓ NAME: (Please print) Beth Condon SIGNATURE: [Signature]
ADDRESS: 500 9th Aven Jax Beach, FL 32250

PRECINCT# 1310 ✓ NAME: (Please print) Chris Condon SIGNATURE: [Signature]
ADDRESS: 500 9th Ave N. Jax Bch FL 32250

PRECINCT# 1311 ✓ NAME: (Please print) Jennifer Ryan SIGNATURE: [Signature]
ADDRESS: 27 Victory Ct 32250

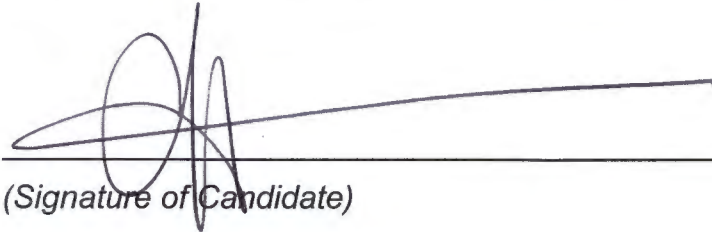
PRECINCT# 1310 ✓ NAME: (Please print) SHAWN VACK SIGNATURE: [Signature]
ADDRESS: 1302 20th Ave N. Jax Bch 32250

PRECINCT# 1310 ✓ NAME: (Please print) Rick Vack SIGNATURE: [Signature]
ADDRESS: 1302 20th Ave N. Jax Beach 32250

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

ACCEPTANCE OF NOMINATION


I, Christine Hoffman, HEREBY ACCEPT the nomination for the office of **City of Jacksonville Beach Council Member, District #** _____, **Seat #** 1, and state that I am qualified to be a candidate for the office and agree to serve if elected.


(Signature of Candidate)

5/23/16
Date

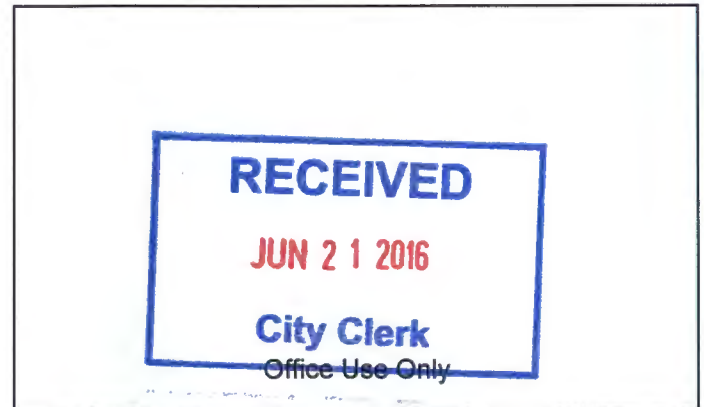
CERTIFICATION

I, Lauree Scott, HEREBY CERTIFY that the above petition was filed with me on the 21st day of June, A.D. 2016.


(Signature of City Clerk/Assistant City Clerk)



(City Seal)



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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :
Hoffman Christine Helen

MAILING ADDRESS :
1026 13th Street, North

CITY : ZIP : COUNTY :
Jacksonville Beach 32250 Duval

NAME OF AGENCY :
City of Jacksonville Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City Council

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 |
|---------------------------------|--|---|
| Beaches Area Historical Society | 381 Beach Boulevard, Jacksonville Beach, 32250 | Museum |
| Orion Solutions, LLC | 7545 Centurion Pkwy, #403, Jacksonville, 32205 | Defense Consulting |
| Preferred Govt. Insurance Trust | 615 Crescent Exec. Ct., Lake Mary, 32746 | Municipal Insurance |
| | | |

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") | | |
| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | 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

SIGNATURE OF FILER:

Signature: 

Date Signed: 6/21/16

CPA or ATTORNEY SIGNATURE ONLY

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>WHAT TO FILE:</p> <p>After completing all parts of this form, including signing and dating it, 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>NOTE: MULTIPLE FILING UNNECESSARY: 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>Facsimiles will not be accepted.</p> | <p>WHERE TO FILE:</p> <p>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>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.)</p> <p>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.</p> <p>Candidates 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>WHEN TO FILE:</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, 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 <u>not</u> 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, **Christine Hoffman**, filed/qualified candidate for the office of Jacksonville Beach City Council

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)



(Date)

Received by:



Clerk Staff

