

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

RECEIVED

JUN 21 2016

City Clerk

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Charlie Latham

(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, _____,
(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


Signature of Candidate

(904) 910-4004

Telephone Number

charlie@charlielatham.com

Email Address

2016 Gail Avenue
Address

Jacksonville Beach
City

FL
State

32250
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 100412830

* 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):

Char-Lee Lay-Thumb

STATE OF FLORIDA

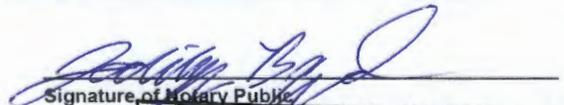
COUNTY OF Duval

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

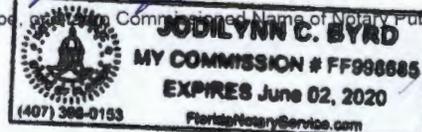
Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

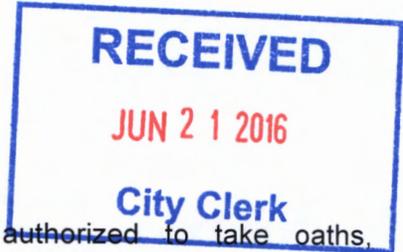

Signature of Notary Public

Print, Type, and Commission Number of Notary Public





RESIDENCY AFFIDAVIT



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

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

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

William Charles Latham

(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: 2016 GAIL AVE.
JAX BCH, FL 32250

[Signature]

(Signature of Candidate)

STATE OF FLORIDA

COUNTY OF DUVAL

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

[Signature]
Signature NOTARY PUBLIC

Jodilyn Byrd
(Printed Name)

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____





**CITY OF JACKSONVILLE BEACH
2016 MUNICIPAL ELECTION
NOMINATION OF CANDIDATE**

RECEIVED
JAN 29 2016
City Clerk



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

WILLIAM "CHARLIE" LATHAM

for the office of:

(Candidate's Name)

MAYOR, City of Jacksonville Beach Council Member, District # _____, Seat # _____

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)

SIGNATURE:

1303

BRUCE A. THOMAS

[Signature]

ADDRESS: P.O. Box 50556, Jax Bch, FL 32250



PRECINCT#

NAME: (Please print)

SIGNATURE:

1310

RICHARD S. THOMAS

[Signature]

ADDRESS: 827 9th AVE N JAX Bch FLA



PRECINCT#

NAME: (Please print)

SIGNATURE:

1301

KATHRYN LATHAM

[Signature]

ADDRESS: 2016 CAUL AVE, JAX BCH 32250



PRECINCT#
1301

NAME: (Please print)
CHRISTINE MITCHELL

SIGNATURE:
Christine Mitchell

ADDRESS: 441 7TH AVENUE SOUTH JAX BEACH FL 32250



PRECINCT#
1302

NAME: (Please print)
GRACE NAWZYNSKI

SIGNATURE:
Grace Nawzynski

ADDRESS: 338 S. 1st St. Jacksonville Beach, FL 32250



PRECINCT#
1301

NAME: (Please print)
RICHARD RATH

SIGNATURE:
Richard Rath
32250

ADDRESS: 13 Rushing Way



PRECINCT#
1302

NAME: (Please print)
DANIEL JANSON

SIGNATURE:
Daniel Janson

ADDRESS: 707 Holly Dr. JACKSONVILLE BEACH, FL 32250



PRECINCT#
1304

NAME: (Please print)
Antoinette Saladino

SIGNATURE:
Antoinette Saladino

ADDRESS: 689 5th Ave N, JB, FL 32250



PRECINCT#

NAME: (Please print)

SIGNATURE:

1304

Lisa Couperthwaite

Lisa Couperthwaite

ADDRESS: 438 6th Ave N.



PRECINCT#

NAME: (Please print)

SIGNATURE:

1310

Robert L. BUCK

Robert L. Buck

ADDRESS: 136 17th Ave N.



PRECINCT#

NAME: (Please print)

SIGNATURE:

1302

DAVID L. YOUNG

David L. Young

ADDRESS: 1365 PINNACLES RD



PRECINCT#

NAME: (Please print)

SIGNATURE:

1301

GEORGE MITCHELL

George S. Mitchell

ADDRESS: 441 7th Ave South JACKSONVILLE BEACH



PRECINCT#

NAME: (Please print)

SIGNATURE:

1311

Faith E. Murray

Faith E. Murray

ADDRESS: 4300 S. Bch Pkwy unit 1108 Jacksonville Beach



PRECINCT#
1310

NAME: (Please print)
DARLA M. BUCK

SIGNATURE:

ADDRESS: 136 900 17th Ave Jax, Fla. 32256



PRECINCT#
1304

NAME: (Please print)
Estelle Medlock

SIGNATURE:
Estelle Medlock

ADDRESS: 115 3rd St. S #1210



PRECINCT#
1

NAME: (Please print)
MARIE JONES

SIGNATURE:

ADDRESS: 506 ROSEBUD LANE Neptune Beach, FL.



PRECINCT#
1311

NAME: (Please print)
Michael Murray

SIGNATURE:

ADDRESS: 4300 South Beach Pkwy 1108, Jax Beach FL 32250



PRECINCT#
1310

NAME: (Please print)
JONATHAN McGEWAN

SIGNATURE:

ADDRESS: S N 17th Ave 901 Jax Beach FL 32250

ACCEPTANCE OF NOMINATION

I, William "CHARLIE" LATHAM, HEREBY ACCEPT the nomination for the office of MAYOR City of Jacksonville Beach ~~Council Member, District #~~, ~~Seat #~~ and state that I am qualified to be a candidate for the office and agree to serve if elected.

(Signature of Candidate)

1/25/16

Date

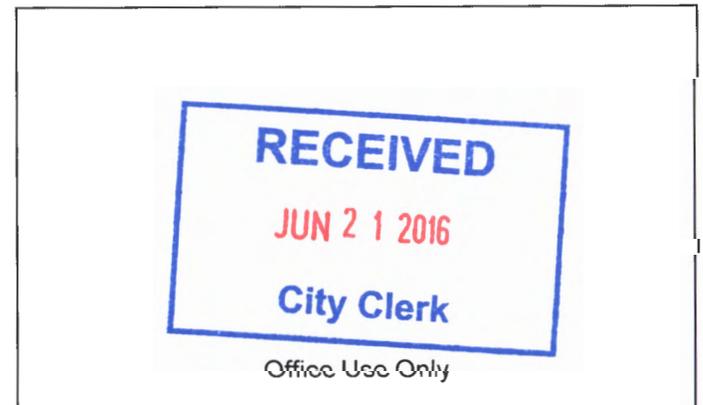
CERTIFICATION

I, Laura Scott, HEREBY CERTIFY that the above petition was filed with me on the 29th day of January, A.D. 2016.

(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 :
Latham, William Charles

MAILING ADDRESS :
2016 Gail Avenue

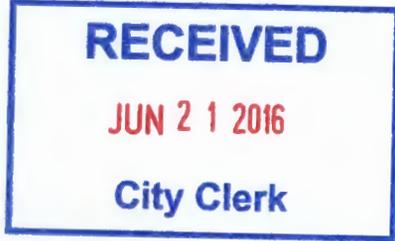
CITY : ZIP : COUNTY :
Jacksonville Beach 32250 Duval

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
Waste Management Inc., of Florida	6501 Greenland Road, Jacksonville FL 32258	Environmental Services

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")

None

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
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
Chase Bank	PO Box 9001871, Louisville, KY 40290
Navy Federal Credit Union	PO Box 3000, Merrifield VA 22119

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 #	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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		

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:

20 JUNE 2016

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:

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:

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.

Facsimiles will not be accepted.

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 page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

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

I, William Charles Latham, a filed/qualified candidate for the office of Jacksonville Beach Mayor do hereby acknowledge that I have received written notification of the time, date and location of the

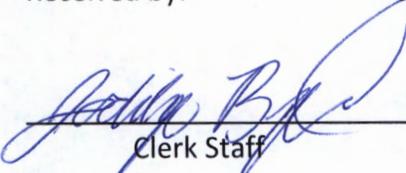
Public Logic and Accuracy Tests of the automatic tabulating equipment to be used in the

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


(Signature)

6/20/16
(Date)

Received by:


Clerk Staff

