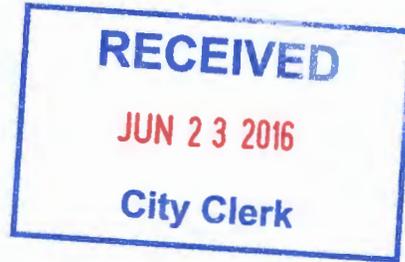


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)



OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, ~~BILL STEVENS~~ BILL STEVENS  
(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 CITY COUNCIL, \_\_\_\_\_, \_\_\_\_\_  
(office) (district #)  
AT LARGE, 1; 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] (904) 612-4398 BEACHSIDESWIM@GMAIL.COM  
Signature of Candidate Telephone Number Email Address

733 2ND AVE. N. JAX. BCH. FL 32250  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103401274

\* 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):  
Bil STEE-vens

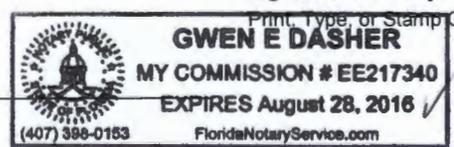
STATE OF FLORIDA  
COUNTY OF DUVAL

Sworn to (or affirmed) and subscribed before me this 21<sup>ST</sup> day of JUNE, 20 16

Personally Known:  or  
Signature of Notary Public [Signature]

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



## RESIDENCY AFFIDAVIT

**RECEIVED**  
**JUN 23 2016**  
**City Clerk**

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

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

WILLIAM O STEVENS

(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: 733 SECOND AVE. N.  
JAX. BCH, FL 32250

W O S

(Signature of Candidate)

STATE OF FLORIDA  
COUNTY OF DUVAL

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

Gwen E. Dasher

Signature NOTARY PUBLIC

Gwen E Dasher

(Printed Name)

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:

**GWEN E DASHER**  
MY COMMISSION # EE217340  
EXPIRES August 28, 2016  
FloridaNotaryService.com  
(407) 398-0153



E-Mail: [cityclerk@jaxbchfl.net](mailto:cityclerk@jaxbchfl.net)  
[www.jacksonvillebeach.org](http://www.jacksonvillebeach.org)



CITY OF JACKSONVILLE BEACH  
2016 MUNICIPAL ELECTION  
NOMINATION OF CANDIDATE

16



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

WILLIAM STEVENS for the office of:  
(Candidate's Name)

City of Jacksonville Beach Council Member, District # AT LARGE Seat # 2

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# 1304 ✓ NAME: (Please print) CAROLYN H. STEVENS SIGNATURE: Carolyn H. Stevens  
ADDRESS: 233 2<sup>ND</sup> Ave North Jacksonville Beach, FL 32250
- ★ PRECINCT# 1302 ✓ NAME: (Please print) Travis Shaw SIGNATURE: Travis Shaw  
ADDRESS: 1562 Seagate Ave Jacksonville Beach FL 32250
- ★ PRECINCT# 1303 ✓ NAME: (Please print) Noanna Hall SIGNATURE: Noanna Hall  
ADDRESS: 1567 Ashford Oaks Way, Jacksonville Bch FL 32250



PRECINCT#

1311 ✓

NAME: (Please print)

Gwen Dasher

SIGNATURE:

*Gwen Dasher*

ADDRESS: 2601 St. Johns Blvd

Jax Bch Fl 32250

PRECINCT#

1310 SU

NAME: (Please print)

Jonathan McGowan

SIGNATURE:

*Jonathan McGowan*

ADDRESS: S N 17<sup>th</sup> AVE #401

Jax Beach, Fl 32250

PRECINCT#

1304 ✓

NAME: (Please print)

BRENDA P. GREEN

SIGNATURE:

*Brenda P. Green*

ADDRESS: 315 8<sup>th</sup> St. N.

PRECINCT#

1304 ✓

NAME: (Please print)

TIFFANY TURNER

SIGNATURE:

*Tiffany Turner*

ADDRESS: 535 THIRD AVE. N.

JAX. BCH., FL. 32250

PRECINCT#

1310 ✓

NAME: (Please print)

Emilie Legg

SIGNATURE:

*Emilie Legg*

ADDRESS: 112 15<sup>th</sup> Ave N.

Jax Bch, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1304 ✓

MARY HALL

Mary M. Hall

ADDRESS: 614 THIRD AV. NO. 1, Jax Beach

PRECINCT#

NAME: (Please print)

SIGNATURE:

1303 ✓

Cevin Hawkesworth

Cevin H. [Signature]

ADDRESS: 1008 2<sup>nd</sup> St. South #8 Jax Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1304 ✓

VIKTOR Rajta

[Signature]

ADDRESS: 729 6<sup>th</sup> Ave S, Jacksonville Beach 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1303 ✓

Carol Standiford

Carol Standiford

ADDRESS: 121 A 13th Ave S Jax Bch 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1310 ✓

ELOISE M. CARROLL

Eloise M. Carroll

ADDRESS: 2002 Oak Grove Circle, Jacksonville Bch, FL 32250

PRECINCT#

~~1301~~ ✓

1303

NAME: (Please print)

Sandra S Martin

SIGNATURE:

*Sandra S Martin*

ADDRESS:

73 Jardin De Mer

PRECINCT#

1302 ✓

NAME: (Please print)

Kelly Kinlaw

SIGNATURE:

*Kelly Kinlaw*

ADDRESS:

1215 11th St. North, Jax Bch

PRECINCT#

1304 ✓

NAME: (Please print)

Thomas M. Braddock

SIGNATURE:

*Thomas M. Braddock*

ADDRESS:

607 3rd Ave N

607 3rd St. N. - He needs to call our office to correct his address.

PRECINCT#

1304 ✓

NAME: (Please print)

MARTHA BRADDOCK

SIGNATURE:

*Martha Braddock*

ADDRESS:

607 3rd Ave N OK

PRECINCT#

NAME: (Please print)

SIGNATURE:

ADDRESS:

**ACCEPTANCE OF NOMINATION**

I, WILLIAM O STEVENS, HEREBY ACCEPT the nomination for the office of City of Jacksonville Beach Council Member, District # AT LARGE, Seat # 2, and state that I am qualified to be a candidate for the office and agree to serve if elected.

*W O Stevens*

(Signature of Candidate)

6/22/16

Date

\*\*\*\*\*

**CERTIFICATION**

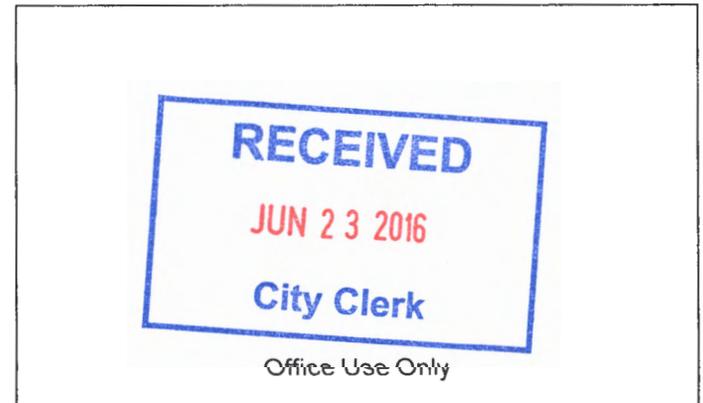
I, Laure Scott, HEREBY CERTIFY that the above petition was filed with me on the 23<sup>rd</sup> day of June, A.D. 2016.

*Laure Scott*

(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 :

STEVENS WILLIAM OLIVER

MAILING ADDRESS :

733 2<sup>ND</sup> AVE N.

JAX. BCH 32250 DUVAL

CITY: ZIP: COUNTY:

JAX BCH 32250 DUVAL

NAME OF AGENCY :

JAX. BCH CITY COUNCIL AT LARGE SEAT 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

RECEIVED

JUN 23 2016

City Clerk

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 |
|-----------------------------|---|---|
| Big Bill's Inc              | 232 North First St Jacksonville Beach FL 32250            | Retail  |
| Dirt cheap mulch & more Inc | 907 6 <sup>th</sup> Ave South Jacksonville Beach FL 32250 | Retail  |
|                             |   |   |
|                             |   |   |

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 |
|-------------------------|---|---|---------------------------------------|
| Residential Rental Prop | Residential Rental Prop                   | 11625 Surfwood Ave Jacksonville FL 32246                  | Rental                                |
| Residential Rental Prop | Residential Rental Prop                   | 3368 Aldridge Rd Jacksonville Beach FL 32224              | Rental                                |
| Commercial Rental Prop  | Commercial Rental Prop                    | 907 6 <sup>th</sup> Ave South Jacksonville Beach FL 32204 | Rental                                |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

|                                  |
|----------------------------------|
| 11625 SURFWOOD AVE JAX, FL 32246 |
| 3340 ALDRIDGE MALL JAX, FL 32224 |
| 3368 ALDRIDGE RD E JAX, FL 32250 |

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 C ADDENDUM

907 6TH AVE S JAX. BCH, FL 32250

0 EVERGREEN DR JAX, FL

**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 |
|--------------------|---|
| STOCK              | BIG BILL'S INC                                |

**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")

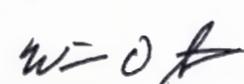
| NAME OF BUSINESS ENTITY                       | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
|---|---------------------|---------------------|
|   | N/A                 |                     |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |
| PRINCIPAL BUSINESS 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: \_\_\_\_\_  
 6/22/16

**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><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <u>including signing and dating it</u>, 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><b>NOTE:</b><br/> <b>MULTIPLE FILING UNNECESSARY:</b><br/>       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><b><u>Facsimiles will not be accepted.</u></b></p> | <p><b>WHERE TO FILE:</b></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><b>Local officers/employees</b> 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><b>State officers or specified state employees</b> 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><b>Candidates</b> 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><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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. <b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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, WILLIAM STEVENS, a filed/qualified candidate for the office of JAY BEACH CITY COUNCIL SEAT 2

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)

6/22/16

(Date)

Received by:



Clerk Staff

