

CITY OF JACKSONVILLE BEACH - 2012

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

APR 10 2012

City Clerk

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate William "Charlie" Latham	1. Address (include post office box or street, city, state, zip code) 2016 Sail Avenue Jacksonville Beach, FL 32250
--	---

Telephone (optional)	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit, group number) Mayor / At-Large
----------------------	---	--

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Michael T. Bruce

5. Mailing Address (If post office box or drawer add street address) 7563 Philips Highway, Bldg. 500	6. Telephone (904) 465-7001
--	---------------------------------------

7. City Jacksonville	8. County Duval	9. State Florida	10. Zip Code 32250
--------------------------------	---------------------------	----------------------------	------------------------------

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank The Jacksonville Bank	12. Street Address 1315 South Third Street
--	--

13. City Jacksonville Beach	14. County Duval	15. State Florida	16. Zip Code 32250
---------------------------------------	----------------------------	-----------------------------	------------------------------

17. Signature of Candidate X	Date 04/10/12
--	-------------------------

Campaign Treasurer's Acceptance of Appointment

I, Michael T. Bruce, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of William "Charlie" Latham

who is seeking nomination or election as a N/A candidate to the office of
(Party)

Mayor of Jacksonville Beach, FL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

04/10/12
Date

X
Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED

JUL 18 2011

City Clerk
City of Jacksonville Beach

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: William "Charlie" Latham
1. Address (include post office box or street, city, state, zip code):
2016 Gail Avenue
Jacksonville Beach, FL 32250

Telephone (optional): _____
2. Party (Partisan candidates only): Not Applicable
3. Office (add district, circuit or group number): Council Seat #Mayor- District # At-Large

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:
Michael T. Bruce

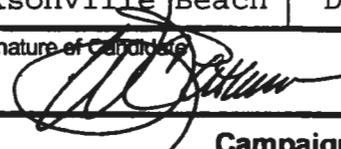
5. Mailing Address (If post office box or drawer add street address):
2313 Oceanforest Dr. W.
6. Telephone:
(904) 249-1764

7. City: Atlantic Beach 8. County: Duval 9. State: Florida 10. Zip Code: 32233

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: The Jacksonville Bank
12. Street Address: 1315 South Third Street

13. City: Jacksonville Beach 14. County: Duval 15. State: Florida 16. Zip Code: 32250

17. Signature of Candidate:  Date: 07/18/11

Campaign Treasurer's Acceptance of Appointment

I, Michael T. Bruce, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of William "Charlie" Latham

who is seeking nomination or election as a Not Applicable candidate to the office of
(Party)

Mayor of Jacksonville Beach As a duly registered voter in Duval County

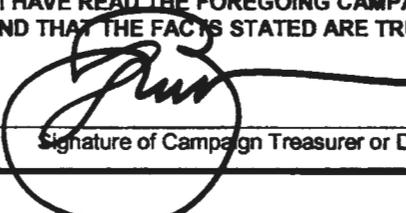
County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

07/18/11

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

**OFFICE USE ONLY
RECEIVED**

JUL 18 2011

City Clerk
City of Jacksonville Beach

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate William "Charlie" Latham	1. Address (include post office box or street, city, state, zip code) 2016 Gail Avenue Jacksonville Beach, FL 32250
---	---

Telephone (optional)	2. Party (Partisan candidates only) -----Not Applicable-----	3. Office (add district, circuit or group number) Council Seat #Mayor- District #At-Large
----------------------	---	--

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
William "Charlie" Latham

5. Mailing Address (if post office box or drawer add street address) 2016 Gail Avenue	6. Telephone 904-375-7457
--	------------------------------

7. City Jacksonville Beach	8. County Duval	9. State Florida	10. Zip Code 32250
-------------------------------	--------------------	---------------------	-----------------------

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank The Jacksonville Bank	12. Street Address 1315 South Third Street
---	---

13. City Jacksonville Beach	14. County Duval	15. State Florida	16. Zip Code 32250
--------------------------------	---------------------	----------------------	-----------------------

17. Signature of Candidate <input checked="" type="checkbox"/>	Date 07/18/11
---	------------------

Campaign Treasurer's Acceptance of Appointment

I, William "Charlie" Latham, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of William "Charlie" Latham

who is seeking nomination or election as a -----Not Applicable----- candidate to the office of
(Party)

Mayor of Jacksonville Beach As a duly registered voter in Duval County

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

07/18/11

Date

Signature of Campaign Treasurer or Deputy Treasurer

**City of Jacksonville Beach, Florida
2012 Municipal Election**



Self-Loan

Date: July 18, 2011

TO WHOM IT MAY CONCERN:

I plan to loan myself money during my campaign in the 2012 Municipal Election for the City of Jacksonville Beach Office of:

Mayor

City Council, Seat # _____, At-Large


(Candidate's Signature)

William "Charlie" Latham
(Name - Please Print)

OFFICE USE ONLY

RECEIVED

JUL 20 2011

City Clerk
City of Jacksonville Beach

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

FOR OFFICIAL USE ONLY
RECEIVED

JUL 18 2011

City Clerk
City of Jacksonville Beach

I, William "Charlie" Latham ,

candidate for the office of Mayor of Jacksonville Beach ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

18 JULY 2011

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

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 14, 2012 and/or November 6, 2012, in the City of Jacksonville Beach, Florida.

Address of Candidate: 2016 GAIL AVE
JACKSONVILLE BEACH FL 32250

[Signature]

(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 4TH day of June, A.D. 2012.

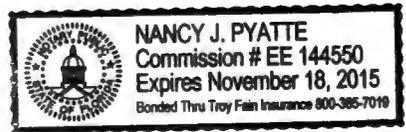
Nancy J Pyatte
Signature NOTARY PUBLIC

NANCY J PYATTE
(Printed Name)

Personally Known: 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



**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, 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 City of Jacksonville Beach, Mayor,
(office)

N/A, N/A; 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.

[Signature] (904) 910-4004 CHARLIE@TRUEGATORS.COM
Signature of Candidate Telephone Number Email Address

2016 GAIL AVE. JACKSONVILLE BEACH FL 32250
Address City State ZIP Code

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

* 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 LAI-THAM

STATE OF FLORIDA

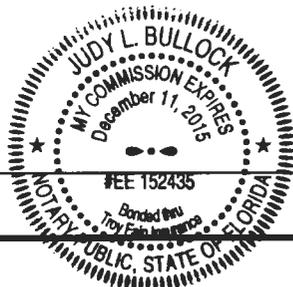
COUNTY OF DUVAL

Sworn to (or affirmed) and subscribed before me this 4 day of June, 2012

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public