

**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 11 2012

City Clerk

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate  MITCHELL LYNN MCCUB	1. Address (include post office box or street, city, state, zip code) 537 15 <sup>TH</sup> AVENUE N JACK BEACH FL 32250 <del>1523 PENNIN RD JACKSONVILLE BEACH FL</del>
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Telephone (optional) (904) 219 4632	2. Party (Partisan candidates only) Non Partisan	3. Office (add district, circuit, group number) Mayor
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I have appointed the following person to act as my  Campaign Treasurer       Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
KENNETH FOLETTT

5. Mailing Address (If post office box or drawer add street address) 1523 PENNIN RD	6. Telephone 904 219 4632
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7. City JACKSONVILLE BEACH	8. County DUVAL	9. State FL	10. Zip Code 32250
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I have designated the following named bank as my  Primary Depository       Secondary Depository

11. Name of Bank NAVY FEDERAL	12. Street Address 461 ATLANTIC BLVD
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13. City ATLANTIC BEACH	14. County DUVAL	15. State FL	16. Zip Code 32233
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17. Signature of Candidate   Date 4/11/2012

**Campaign Treasurer's Acceptance of Appointment**

I, KENNETH FOLETTT, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer       Deputy Treasurer      for the campaign of ~~Mayor~~ <sup>KF</sup> MCCUB, MITCH

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
(Party)

Mayor

**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.**

4/11/12

Date

  
Signature of Campaign Treasurer or Deputy Treasurer

# CITY OF JACKSONVILLE BEACH - 2012

<p><b>STATE OF FLORIDA</b>  <b>APPOINTMENT OF CAMPAIGN TREASURER</b>  <b>AND DESIGNATION OF CAMPAIGN</b>  <b>DEPOSITORY FOR CANDIDATES</b>          (Section 106.021(1), F.S.)</p> <p>(PLEASE TYPE)</p>	<p>OFFICE USE ONLY</p> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">RECEIVED</p> <p style="font-size: 1.2em; text-align: center;">APR 11 2012</p> <p style="font-size: 1.2em; text-align: center;">City Clerk</p> </div>
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CHECK APPROPRIATE BOX:

Original Appointment
  Deputy Treasurer
  Reappointment of Treasurer

Name of Candidate <i>Mitchell Lynn McCue</i>	1. Address (include post office box or street, city, state, zip code) <i>537 15th Ave. N.          Jax Beach FL. 32250</i>
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Telephone (optional) <i>(904) 208-0042</i>	2. Party (Partisan candidates only) <del>Rep.</del> <i>Dem.</i>	3. Office (add district, circuit, group number) <i>Mayor</i>
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I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer <i>Mitchell Lynn McCue</i>
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5. Mailing Address (If post office box or drawer add street address) <i>537 15th Ave - North</i>	6. Telephone <i>904-208-0042</i>
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7. City <i>Jax Beach</i>	8. County <i>Duval</i>	9. State <i>FL.</i>	10. Zip Code <i>32250</i>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank <i>Navy Federal</i>	12. Street Address <i>961 Atlantic Blvd</i>
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13. City <i>Atlantic Beach</i>	14. County <i>Duval</i>	15. State <i>FL</i>	16. Zip Code <i>32233</i>
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17. Signature of Candidate 	Date <i>4/11/2012</i>
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### Campaign Treasurer's Acceptance of Appointment

I, *Mitchell Lynn McCue*, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer
  Deputy Treasurer
 for the campaign of *Mitch McCue*

who is seeking nomination or election as a *Dem. Candidate for Mayor* candidate to the office of  
 (Party)

*Candidate for Mayor*

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.

*4/11/2012*  
 Date

Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

MITCHELL ANN MCCUE

3. Address (include post office box or street, city, state, zip code)

537 15th AVE. North Jacksonville Beach, FL 32250

4. Telephone

(904) 208 0042

5. E-mail address

MMCCUE178@GMAIL.COM

6. Office sought (include district, circuit, group number)

City of Jacksonville Beach

7. If a candidate for a nonpartisan office, check if applicable:

N/A My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation Nonpartisan Party candidate.

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

CAREY L SPILLERT

11. Mailing Address

350 9th St.

12. Telephone

(904) 626 0824

13. City ATLANTIC BEACH 14. County DUVAL 15. State FL 16. Zip Code 32233 17. E-mail address CAREY.SPILLERT@GMAIL.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

NAVY FEDERAL CREDIT UNION

961 ATLANTIC BLVD.

21. City ATLANTIC BEACH 22. County DUVAL

23. State FL 24. Zip Code 32233

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date 4/25/2012

26. Signature of Candidate X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, CAREY L SPILLERT, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

4/25/2012 X [Signature] CSPILLERT Signature of Campaign Treasurer or Deputy Treasurer



# RESIDENCY AFFIDAVIT

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

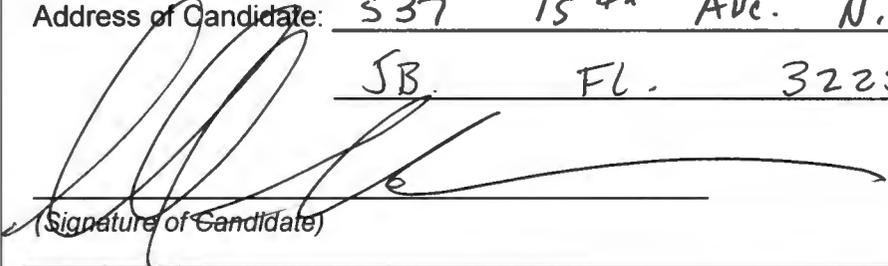
City of  
Jacksonville Beach  
City Hall  
11 North Third Street  
Jacksonville Beach  
FL 32250  
Phone: 904.247.6299  
904.247.6250  
Fax: 904.247.6256  
E-Mail: cityclerk@jaxbchfl.net  
www.jacksonvillebeach.org

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

Mitchell Lynn McCue  
(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: 537 15<sup>th</sup> Ave. N.  
JB. FL. 32250

  
(Signature of Candidate)

STATE OF FLORIDA  
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 4<sup>th</sup> day of June, A.D. 2012.

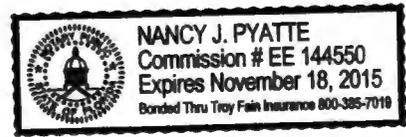
Nancy J Pyatte  
Signature NOTARY PUBLIC

NANCY J PYATTE  
(Printed Name)

Personally Known:  or

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

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



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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**RECEIVED**

APR 11 2012

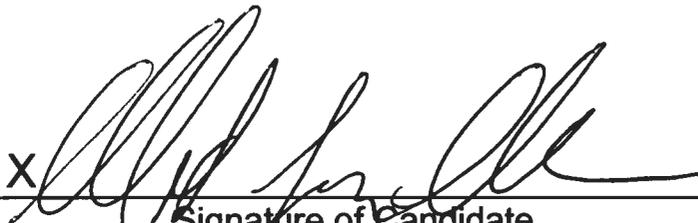
City Clerk

I, Mitchell Lynn McGee,

candidate for the office of City of Jacksonville Beach;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X   
Signature of Candidate

4/11/2012  
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).

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



**Self-Loan**

Date: 4/11/2012

**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)

Mitchell Lynn McCue  
(Name - Please Print)

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**RECEIVED**

**APR 11 2012**

**City Clerk**

**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, Mitchell Lynn McCue  
(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] 1904 208-0042 McCueForMayor@jacksonvillebeach.com  
Signature of Candidate Telephone Number Email Address

537 15th Ave. N. JB FL 32250  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103290674

\* 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):

MI-CHU-EL LIN M-KOO

STATE OF FLORIDA  
COUNTY OF DUVAL

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

Personally Known:  or  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

Nancy J Pyatte  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

