

# 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><b>OFFICE USE ONLY</b></p> <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>RECEIVED</b></p> <p><b>FEB 27 2012</b></p> <p><b>City Clerk</b></p> </div>
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CHECK APPROPRIATE BOX:

Original Appointment     
  Deputy Treasurer     
  Reappointment of Treasurer

Name of Candidate <del>NICKOLA</del> KEITH DOHERTY	1. Address (include post office box or street, city, state, zip code) 977 4TH AVENUE NORTH JAX BEACH, FL 32250
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Telephone (optional) 904 5854615	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) AT-LARGE, SEAT 3
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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  
 NICOLA LYNCH

5. Mailing Address (If post office box or drawer add street address) 514 N. 1ST STREET	6. Telephone 904 5854615
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7. City JAX BEACH	8. County DUVAL	9. State FLORIDA	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 BOVA COMPASS	12. Street Address 2300 320 STREET
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13. City JAX BEACH	14. County DUVAL	15. State FL	16. Zip Code 32250
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17. Signature of Candidate 	Date 02/27/12
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### Campaign Treasurer's Acceptance of Appointment

I, NICOLA LYNCH, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer   
  Deputy Treasurer   
 for the campaign of KEITH DOHERTY

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

COUNCIL AT LARGE SEAT 3

**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.**

02-27-2012  
 Date

Signature of Campaign Treasurer or Deputy Treasurer

### 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**  
**FEB 27 2012**  
**City Clerk**

CHECK APPROPRIATE BOX:

- Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: KEITH DOHERTY  
 1. Address (include post office box or street, city, state, zip code):  
927 4TH AVENUE NORTH JACKSONVILLE BEACH

Telephone (optional): 904 988 5453  
 2. Party (Partisan candidates only):  
 3. Office (add district, circuit, group number): AT-LARGE, SEAT 3

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

4. Name of Treasurer or Deputy Treasurer: KEITH DOHERTY

5. Mailing Address (If post office box or drawer add street address): 927 4TH AVENUE NORTH  
 6. Telephone: 904 988 5453

7. City: JACK BEACH      8. County: DUAL      9. State: FLORIDA      10. Zip Code: 32250

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

11. Name of Bank: BANK OF AMERICA      12. Street Address: 2300 3RD STREET

13. City: JACK BEACH      14. County: DUAL      15. State: FLORIDA      16. Zip Code: 32250

17. Signature of Candidate: [Signature]      Date: 02/27/12

#### Campaign Treasurer's Acceptance of Appointment

I, KEITH DOHERTY, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of KEITH DOHERTY

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

COUNCIL AT-LARGE, SEAT 3

**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.**

02/27/12  
 Date

[Signature]  
 Signature of Campaign Treasurer or Deputy Treasurer

# City of Jacksonville Beach, Florida 2012 Municipal Election



## Self-Loan

Date: 02/27/12

### 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 # 3, At-Large

(Candidate's Signature)

KEITH SCHERTY

(Name - Please Print)

OFFICE USE ONLY

**RECEIVED**

FEB 27 2012

City Clerk

**STATEMENT OF  
CANDIDATE**

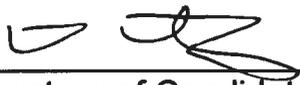
(Section 106.023, F.S.)  
(Please print or type)

OFFICE USE ONLY  
**RECEIVED**  
FEB 27 2012  
City Clerk

I, KEITH OCHERTY,

candidate for the office of City of Jacksonville Beach AT-LARGE, SEAT 3;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

02/27/12  
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

KEITH JOHERTY

(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: 927 4TH AVE NORTH  
JAX BEACH FL 32250

[Signature]

(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:  
\_\_\_\_\_

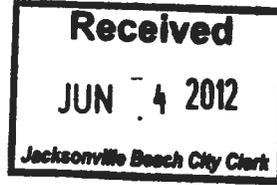


City of  
Jacksonville Beach  
City Hall  
11 North Third Street  
Jacksonville Beach  
FL 32250  
Phone: 904.247.6299  
904.247.6250  
Fax: 904.247.6256  
E-Mail: cityclerk@jaxbchfl.net  
www.jacksonvillebeach.org



**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, KEITH COHERTY  
(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, Council,  
(office)

3 At-Large; I am a qualified elector of DUVAL County, Florida;  
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) 881-5455 KEITH1004@aol.com  
Signature of Candidate Telephone Number Email Address

927 4TH AVE N. JAX BCH FL 32250  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 118856611

\* 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):

KEETH DAHR - TEE

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: \_\_\_\_\_

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

