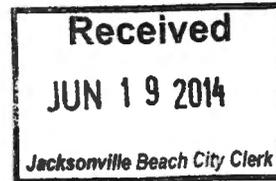


### CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or  
School Board Candidates)



OFFICE USE ONLY

#### OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Fernando M. Meza  
(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 Jacksonville Beach City Council member, 1,  
(office) (district #)  
N/A, 4; 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) 673-7203 mezafernando@my400.com  
Signature of Candidate Telephone Number Email Address

607 7th AVE S. Jacksonville Beach, FL 32250  
Address City State ZIP Code

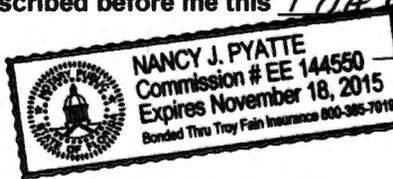
Candidate's Florida Voter Registration Number (located on your voter information card): 103513563

\* 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):  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 19th day of JUNE, 20 14.

Personally Known:  or



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

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

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



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:

FERNANDO MEZA

(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 of District No. 1 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(s) to be held August 26, 2014 and/or November 4, 2014, in the City of Jacksonville Beach, Florida.

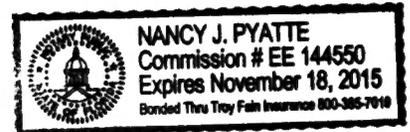
Address of Candidate: 6007 7th S
JACKSONVILLE, FL 32250

[Handwritten Signature]
(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 19th day of JUNE, A.D. 2014.

[Handwritten Signature]
Signature NOTARY PUBLIC

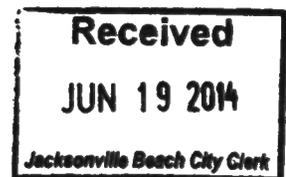


NANCY J PYATTE
(Printed Name)

Personally Known: [checked] 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



CITY OF JACKSONVILLE BEACH  
 2014 MUNICIPAL ELECTION  
 NOMINATION OF CANDIDATE

RECEIVED  
 JUN - 9 2014  
 City Clerk

JACKSONVILLE  
 BEACH

06/16/2014 10:13 FAX 9046301894

SUPERVISOR OF ELECTIONS

014

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

Fernando M. Mora for the office of:  
 (Candidate's Name)

12 signatures

City of Jacksonville Beach Council Member, District #     , Seat # 4

to be voted for at the election to be held the year 2014, and we individually certify that we are qualified to vote at such election."

PRECINCT# 1303 OK ✓ NAME: (Please print) Carl Catullo SIGNATURE: [Signature]  
 ADDRESS: 464 14<sup>th</sup> Ave. S, Jacksonville Beach, FL, 32250

PRECINCT# 1303 OK ✓ NAME: (Please print) George Cost SIGNATURE: [Signature] ✓  
 ADDRESS: 464 14<sup>th</sup> Ave. S Jacksonville Beach, FL, 32250

PRECINCT# 1303 OK ✓ NAME: (Please print) A. Newton SIGNATURE: [Signature] ✓  
 ADDRESS: 1312 Plantation Oaks  
Tr. S.

PRECINCT#

NAME: (Please print)

SIGNATURE:

1303 *OK ✓*

JOSEPHINE NEWTON

Josephine Newton ✓

ADDRESS: 1312 Plantation  
Outside S.

PRECINCT#

NAME: (Please print)

SIGNATURE:

1303 *OK ✓*

Nicolas Parisi

[Signature] ✓

ADDRESS: 1636 Roberts Drive Jacksonville Beach FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1304 *OK ✓*

Celeste Ayers

[Signature] ✓

ADDRESS: 584 6th Avenue North Jacksonville Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1304 *OK ✓*

Anthony Ayers

[Signature] ✓

ADDRESS: 584 6<sup>th</sup> Ave N Jacksonville Beach FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1304 *OK ✓*

Lisa Touchton

[Signature] ✓

ADDRESS: 508 6<sup>th</sup> Ave N Jacksonville Beach 32250

PRECINCT#

1304 OK ✓

NAME: (Please print)

Jennifer Donnell

SIGNATURE:

J Donnell ✓

ADDRESS: 524 6th Ave N

Jax Bch FL 32250

PRECINCT#

1304 OK ✓

NAME: (Please print)

KEITH COHERTY

SIGNATURE:

[Signature] ✓

ADDRESS: 927 4th Avenue North

Jax Bch FL 32250

PRECINCT#

1304 OK ✓

NAME: (Please print)

NIGLA LYNCH

SIGNATURE:

Nigla Lynch ✓

ADDRESS: 326 6th St North

Jax Bch FL 32250

PRECINCT#

1304

NAME: (Please print)

Derek Carpenter

SIGNATURE:

[Signature] ✓

ADDRESS: 414 7th Ave S

Jax Bch FL 32250

Reg in 312

PRECINCT#

1303 OK ✓

NAME: (Please print)

William Cole

SIGNATURE:

William Cole ✓

ADDRESS: 30 Hopson Rd

Jax Bch FL 32250

**ACCEPTANCE OF NOMINATION**

I, FERNANDO MEZA, HEREBY ACCEPT the nomination for the office of City of Jacksonville Beach City Council Seat # 4, District # 1, and state that I am qualified to be a candidate for the office of Council Member, and agree to serve if elected.

[Signature]  
(Signature of Candidate)

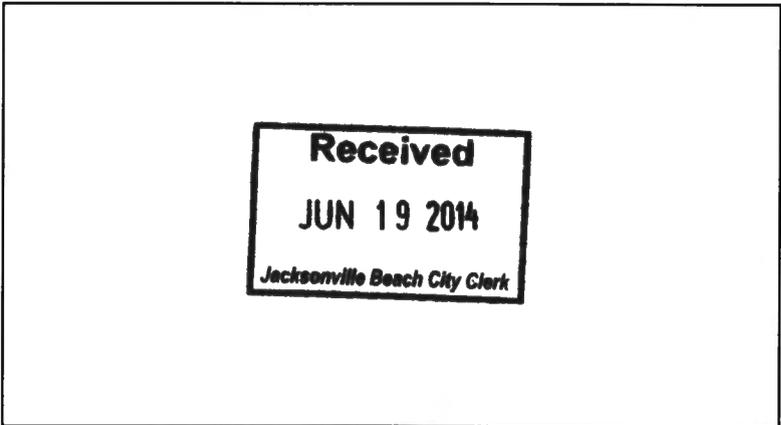
JUNE 19, 2014  
Date

\*\*\*\*\*

**CERTIFICATION**

I, NANCY J. PYATTE, HEREBY CERTIFY that the above petition was filed with me on the 19th day of JUNE, A.D. 2014.

[Signature]  
(Signature of City Clerk/Assistant City Clerk)



**FORM 1**

**STATEMENT OF**

**2013**

**FINANCIAL INTERESTS**

**FOR OFFICE USE ONLY:**

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Mela Fernando M.

MAILING ADDRESS :

6007 7th AVE S.

Jacksonville Beach, FL 32250 DUVAL

CITY : ZIP : COUNTY :

NAME OF AGENCY :

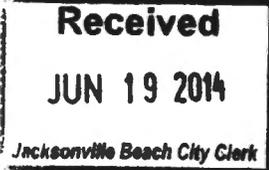
City of Jacksonville Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Council District 1, Seat 4

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, 2013 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:

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
Beyx taphouse	300 2nd St N. JAY BEACH, FL 32250	BAR

**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

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NA

**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
N/A	

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Great Lakes	2401 INTERNATIONAL LANE MADISON, WI 53704
NAVY FEDERAL CREDIT UNION	961 ATLANTIC BLVD, ATL BEACH, FL 32233

**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		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

**DATE SIGNED (required):**

*[Handwritten Signature]*

JUNE 19, 2014

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.

Signature

Date

**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:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**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 the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

Supervisor of Elections  
Duval County, Florida  
and  
City of Jacksonville Beach

**Notification of Public Logic and Accuracy Test Receipt**

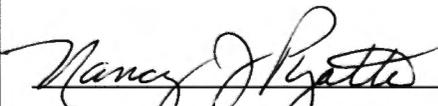
Please complete and sign.

I, FERNANDO MEZA, a qualified candidate for the  
office of **Jacksonville Beach City Council Seat No. 4** District No. 1  
acknowledge that I have received written notification of the time, date and location of the Public  
Logic and Accuracy Test (August 5, 2013) of voting machines to be used in the **PRIMARY**  
**ELECTION** to be held on **AUGUST 26, 2014**.

  
\_\_\_\_\_  
(Signature)

JUNE 19, 2014  
\_\_\_\_\_  
(Date)

Received by:

  
\_\_\_\_\_  
Jacksonville Beach City Clerk's Office

