

### 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, LEE "BEACH" BUCK  
(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, 3  
(office) (district #)  
N/A, 6; 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 Robert Buck 1904 463-7020 beachbuck1@comcast.net  
Signature of Candidate Telephone Number Email Address

1360 N 17th AVENUE JACKSONVILLE Bch 32250  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103 749 459

\* 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):

+ Robert Buck

STATE OF FLORIDA

COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 16 day of JUNE, 20 14.

Personally Known: X or

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

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

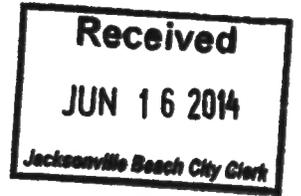


Judy L. Bullock  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



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:

ROBERT LEE BUCK
(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. 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: 136 N 17th Avenue
JAX BEACH, FL 32250

Robert Lee Buck
(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to, and subscribed before me, this 16 day of JUNE, A.D. 2014.

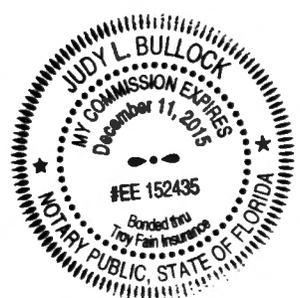
Judy L. Bullock
Signature NOTARY PUBLIC

Judy L. Bullock
(Printed Name)

Personally Known: X or

Produced Identification:

Type of Identification Produced:





CITY OF JACKSONVILLE BEACH  
2014 MUNICIPAL ELECTION  
NOMINATION OF CANDIDATE

RECEIVED  
MAY 22 2014  
City Clerk



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

Robert Lee BUCK for the office of:  
(Candidate's Name)

12 signatures

City of Jacksonville Beach Council Member, District # 6, Seat # 3

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# 1310.1 ✓ NAME: (Please print) Clarke B. Rudd SIGNATURE: [Signature]  
ADDRESS: 121 7th Ave N. Jax Bch, 32250

PRECINCT# 1302.1 ✓ NAME: (Please print) Nancy Broner SIGNATURE: [Signature]  
ADDRESS: 1354 Pinewood Rd. Jax Bch 32250

PRECINCT# 1302.1 ✓ NAME: (Please print) Thomas Broner SIGNATURE: [Signature]  
ADDRESS: 1354 Pinewood Rd. Jax. Bch. 32250

LEE BUCK

PRECINCT# 1302 <sup>OK</sup> NAME: (Please print) Tanya K. Roche SIGNATURE: Tanya K. Roche ✓  
ADDRESS: 36 Oakwood Road Jacksonville Beach, Florida 32280

PRECINCT# 1310 <sup>OK</sup> NAME: (Please print) Emma K Wright SIGNATURE: Emma K Wright ✓  
ADDRESS: 1404 5th St N.

PRECINCT# 1310 <sup>OK</sup> NAME: (Please print) JOE McCONVILLE SIGNATURE: [Signature] ✓  
ADDRESS: 619 14th AVE N. JAX BEACH, FL 32250

PRECINCT# 1310 <sup>OK</sup> NAME: (Please print) Heather McConville SIGNATURE: Heather McConville ✓  
ADDRESS: 619 14th Ave N. Jax Beach, FL 32250

PRECINCT# 1310 <sup>OK</sup> NAME: (Please print) Lyle Reimann SIGNATURE: Lyle Reimann ✓  
ADDRESS: 91 19th Ave N Jax Beach FL 32250

LEE Bueh

PRECINCT#

1310.1  
OK ✓

NAME: (Please print)

Sharon Reimann

SIGNATURE:

Sharon K. Reimann ✓

ADDRESS: 91 19th Ave N., Jacksonville Bch, FL 32250

PRECINCT#

1302.1  
OK ✓

NAME: (Please print)

Dawn Vaughan

SIGNATURE:

Dawn Vaughan ✓

ADDRESS: 1502 Arden Way Tax Beach, FL 32250

PRECINCT#

1302.1  
OK ✓

NAME: (Please print)

Mary L. Meyer

SIGNATURE:

Mary L. Meyer ✓

ADDRESS: 1518 Arden Way Tax Beach, FL 32250

PRECINCT#

1302.1  
OK ✓

NAME: (Please print)

Robert H. Meyer

SIGNATURE:

Robert H. Meyer ✓

ADDRESS: 1518 Arden Way Tax Beach, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

ADDRESS: \_\_\_\_\_

**ACCEPTANCE OF NOMINATION**

I, ROBERT LEE BUCK, HEREBY ACCEPT the nomination for the office of City of Jacksonville Beach City Council Seat # 6 , District # 3, 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)

6-16-2014  
Date

\*\*\*\*\*

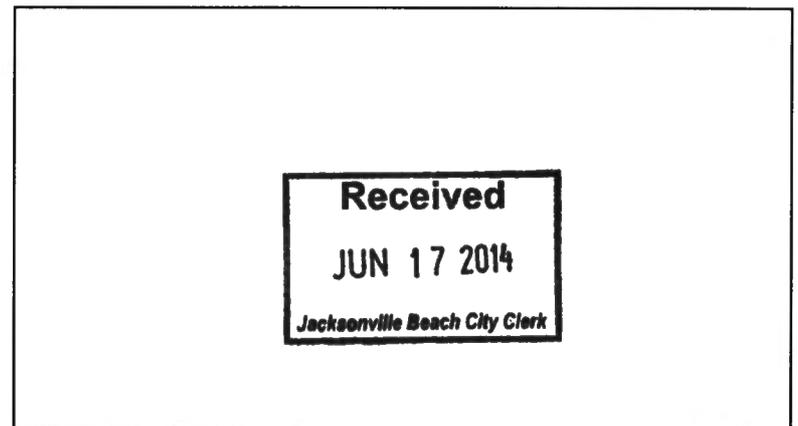
**CERTIFICATION**

I, Judy L. Bullock, HEREBY CERTIFY that the above petition was filed with me on the 16 day of JUNE, A.D. 2014.

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



(City Seal)



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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
**BUCK, ROBERT LEE**

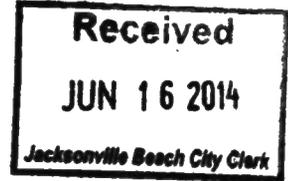
MAILING ADDRESS :  
**136 17TH AVE NORTH**

CITY : ZIP : COUNTY :  
**JACKSONVILLE BEACH 32250 DUVAL**

NAME OF AGENCY :  
**City of Jacksonville Beach, Florida 32250**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**City Council Seat # 6 , District # 3**

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
TRAVELERS PENSION PLAN	385 WASHINGTON STREET NBO9P ST. PAUL MN 55102	PENSION PLAN
SOCIAL SECURITY ADMINISTRATION	7185 BONNEVAL RD #1 JACKSONVILLE FL 32256	RETIREMENT PAYMENTS
LEE BUCK REALTOR/WATSON	136 17TH AVE NORTH	REALTOR/RENTAL

**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
N/A			

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

1709-1711 NORTH 2ND STREET JACKSONVILLE BEACH FL 32250
135 17TH AVE NORTH JACKSONVILLE BEACH FL 32250
120 17TH AVE NORTH JACKSONVILLE BEACH FL 32250
109 SEAGRAPE DR JACKSONVILLE BEACH 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.

**Facsimiles will not be accepted.**

the most current version of CE Form 1 is the one in effect in your position on December 31, 2013.

**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
STOCKS/BONDS	MERRILL LYNCH
IRA	MERRILL LYNCH
ANNUITY	MERRILL LYNCH

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
LEXUS FINANCIAL SERVICES	PO BOX 5855 CAROL STREAM IL 60197-5855
BBVA COMPASS	PO BOX 10184 BIRMINGHAM ALABAMA

**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):**



06/16/14

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, ROBERT LEE BUCK, a qualified candidate for the  
office of **Jacksonville Beach City Council Seat No.** 6 **District No.** 3

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**.

x Robert Lee Buck  
(Signature)

06-16-2014  
(Date)

Received by:

Judy J. Bullock  
Jacksonville Beach City Clerk's Office

