

**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 Doherty

(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, At-Large,  
(office) (district #)  
Seat 3; 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) 881-5453 514keith@att.net  
Signature of Candidate Telephone Number Email Address

927 4th Avenue North Jacksonville Beach Florida 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):

K E E TH DOOR-IT-E

STATE OF FLORIDA  
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2016.

Personally Known:  or

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

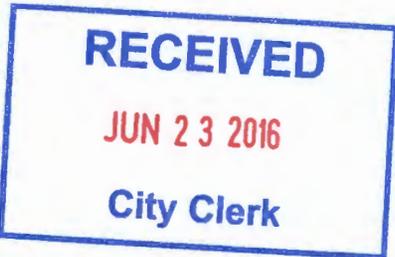
Type of Identification Produced: \_\_\_\_\_

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





RESIDENCY AFFIDAVIT



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

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

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

KEITH DOHERTY

(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 30, 2016 and/or November 8, 2016, in the City of Jacksonville Beach, Florida.

Address of Candidate: 927 4TH AVENUE NORTH JACKSONVILLE BEACH FLORIDA, 32250

[Handwritten Signature]

(Signature of Candidate)

STATE OF FLORIDA COUNTY OF DUVAL

Sworn to, and subscribed before me, this 23rd day of June, A.D. 2016.

[Handwritten Signature] Signature NOTARY PUBLIC

Jodilyn Byrd

(Printed Name)

Personally Known: [check] or

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

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





11

CITY OF JACKSONVILLE BEACH  
2016 MUNICIPAL ELECTION  
NOMINATION OF CANDIDATE

RECEIVED  
OCT 07 2015  
City Clerk

JACKSONVILLE  
BEACH

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

KEITH COHERTY for the office of:

(Candidate's Name)

City of Jacksonville Beach Council Member, District # \_\_\_\_\_, Seat # 3-AT LARGE

to be voted for at the election to be held the year ~~2014~~ 2016, and we individually certify that we are qualified to vote at such election."



PRECINCT#

1304

NAME: (Please print)

TYE WALLACE

SIGNATURE:

[Handwritten Signature]

ADDRESS:

709 4th Ave N. Jax Bch FL 32250



PRECINCT#

1301

NAME: (Please print)

NICOLA LYNCH

SIGNATURE:

[Handwritten Signature]

ADDRESS:

2979 OCEAN DR S, JAX BCH, FL, 32250



PRECINCT#

1304

NAME: (Please print)

MATTHEW D. MROCHEK

SIGNATURE:

[Handwritten Signature]

ADDRESS:

638 9TH AVE. South



PRECINCT#

1304

NAME: (Please print)

Grace Ann Doherty

SIGNATURE:

Grace Ann Doherty

ADDRESS: 927 4th Ave North Jax Beach FL 32250



PRECINCT#

1311

NAME: (Please print)

PATRICK H.P. DOHERTY

SIGNATURE:

Patrick Doherty

ADDRESS: 1800 THE GREENSWAY APT 102 JAX BECH. FL. 32250



PRECINCT#

1311

NAME: (Please print)

Sally Chitko Doherty

SIGNATURE:

Sally Doherty

ADDRESS: 1800 The Greens Way #102 Jax Beach FL 32250



PRECINCT#

1310

NAME: (Please print)

Madeline Chitko

SIGNATURE:

Madeline Chitko

ADDRESS: 711-8th Ave. N. Jax Beach, FL. 32250



PRECINCT#

1301

NAME: (Please print)

William C LATHAM

SIGNATURE:

William C Latham

ADDRESS: 2016 GAR AVE JAX BECH, FL 32250



PRECINCT#  
1303

NAME: (Please print)  
BRUCE THOMASON

SIGNATURE:  
[Signature]

ADDRESS: P.O. Box 50556, Jax Beach, FL 32240-0556



PRECINCT#  
1311

NAME: (Please print)  
Phillip Vogelsang

SIGNATURE:  
[Signature]

ADDRESS: 3145 Pullian Ct, JAX, BEACH, FL 32250



PRECINCT#  
1310

NAME: (Please print)  
Robert Z. BUCK

SIGNATURE:  
[Signature]

ADDRESS: 136 17th Ave N. JAX BEACH, FL 32250



PRECINCT#  
1310

NAME: (Please print)  
Christine Hoffman

SIGNATURE:  
[Signature]

ADDRESS: 1020 13th St N Jacksonville Beach, FL 32250



PRECINCT#  
1301

NAME: (Please print)  
Jeanell Wilson

SIGNATURE:  
[Signature]

ADDRESS: 2014 S Oceanfront Dr



**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2015**

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

FOR OFFICE USE ONLY:

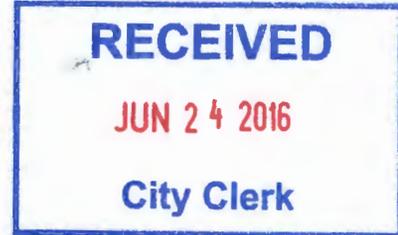
LAST NAME – FIRST NAME – MIDDLE NAME :  
DOHERTY - KEITH - KEVIN

MAILING ADDRESS :  
927 4TH AVENUE NORTH

CITY : JACKSONVILLE BEACH      ZIP : 32250      COUNTY : FLORIDA

NAME OF AGENCY :  
JACKSONVILLE BEACH CITY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
COUNCIL - AT-LARGE SEAT 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, 2015 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 (must check one):

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
LYNCH'S IRISH PUB, INC.	514 NORTH 1ST ST. JAX BEACH, FL. 32250	TAVERN
JAX BEACH COUNCIL	11 NORTH 3RD ST. JAX BEACH, FL. 32250	LOCAL GOVERNMENT

**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")

N/A

**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
NATIONSTAR MORTGAGE CO.	PO BOX 619098. DALLAS, TEXAS 75261-9741

**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		

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

06/24/2016

**CPA or ATTORNEY SIGNATURE ONLY**

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.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.**

**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 page 3 of instructions.

**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** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

Supervisor of Elections  
Duval County, Florida  
(Municipal Candidate)  
Notification of Public Logic and Accuracy Test Receipt  
Please complete and sign. Thank you!

I, KEITH DOHERTY, a filed/qualified candidate for the office of JAX BEACH CITY COUNCIL, AT-LARGE SEAT 3

do hereby acknowledge that I have received written notification of the time, date and location of the Public Logic and Accuracy Tests of the automatic tabulating equipment to be used in the

**2016 PRIMARY ELECTION** to be held on **AUGUST 30, 2016** and  
**2016 GENERAL ELECTION** to be held on **NOVEMBER 8, 2016**

  
(Signature)

06/23/16  
(Date)

Received by:

  
Clerk Staff

