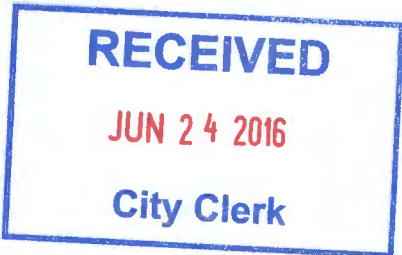


**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Kurtis Loftus
(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 #)
1; 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 Kurtis Loftus (904) 716-3853 Kurtis@deckthechairs.org
Signature of Candidate Telephone Number Email Address

1948 Horn Street Jacksonville Beach FL 32250
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103580479


* 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):

Kur-tis Loft-us

STATE OF FLORIDA

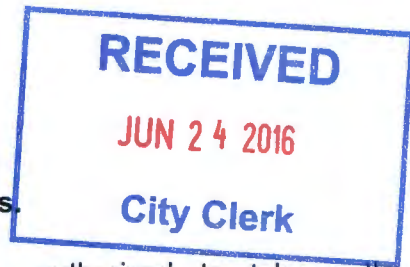
COUNTY OF DUVAL

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

Personally Known: _____ or  Colley B. Court
Notary Public
State of Florida
Signature of Notary Public
Produced Identification: [Signature] My Commission Expires 4/14/2017
Commission No. FF 8073
Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: FLORIDA LICENSE (DRIVERS)



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

Kurtis W. Loftus

(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: 1948 Horn Street
Jacksonville Beach, FL 32250

Kurtis W. Loftus

(Signature of Candidate)

STATE OF FLORIDA
COUNTY OF DUVAL

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

Colley B. Court

Signature NOTARY PUBLIC

COLLEY B. COURT

(Printed Name)



Colley B. Court
Notary Public
State of Florida
My Commission Expires 4/14/2017 ✓
Commission No. FF 8073

Personally Known: _____ or

Produced Identification: e

Type of Identification Produced: FLORIDA DRIVER'S LICENSE

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



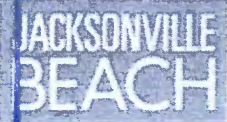


11

CITY OF JACKSONVILLE BEACH
2016 MUNICIPAL ELECTION
NOMINATION OF CANDIDATE

RECEIVED

JUN 24 2016



City Clerk

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

Kurtis W. Loftus

for the office of:

(Candidate's Name)

City of Jacksonville Beach Council Member, District # At Large Seat # 1

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

PRECINCT#

1301

NAME: (Please print)

WILCO GEORGE CARROLL

SIGNATURE:

ADDRESS: 507 16th AVE. S.

PRECINCT#

1301

NAME: (Please print)

Georgette Dumont

SIGNATURE:

ADDRESS: 507 16th Ave. S

PRECINCT#

1301

NAME: (Please print)

Peter A DeFilippis

SIGNATURE:

ADDRESS: 607 Benaire Circle

PRECINCT#

NAME: (Please print)

SIGNATURE:

1301 ✓

Trisha Franz

P. Franz

ADDRESS: 608 Benaine Circle JB, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

1301 NR

MICHAEL DRABIN



ADDRESS: 645 GREAT ABACO CT

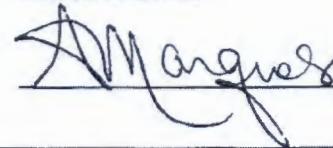
PRECINCT#

NAME: (Please print)

SIGNATURE:

1301 ✓

Anne Marques



ADDRESS: 3135 Antigua Dr

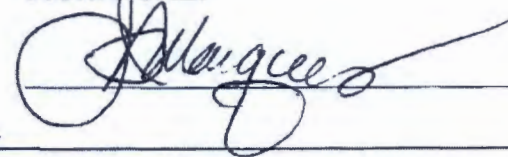
PRECINCT#

NAME: (Please print)

SIGNATURE:

1301 ✓

JOE MARQUES



ADDRESS: 3135 ANTIGUA DR

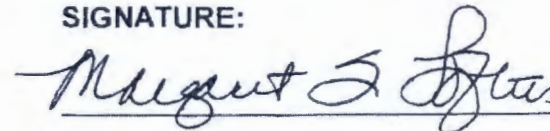
PRECINCT#

NAME: (Please print)

SIGNATURE:

1311 ✓

Margaret S. Loftus



ADDRESS: 1948 Horn Street, Jacksonville Beach

PRECINCT#

1310

NAME: (Please print)

Tim Deegan

SIGNATURE:

Tim Deegan

ADDRESS: 1331 1ST ST W #504 JB, FL. 32250

PRECINCT#

1302

NAME: (Please print)

Alexa Phillips

SIGNATURE:

Alexa Phillips

ADDRESS: 934 10th STN Jax Bch FL 32250

PRECINCT#

1301

NAME: (Please print)

WILLIAM G. HILLEGASS

SIGNATURE:

William G. Hillegass

ADDRESS: 3739 DUVAL DRIVE JACKSONVILLE BEACH FL 32250

PRECINCT#

1303

NAME: (Please print)

Terry J. Hood TERRY J. HOOD

SIGNATURE:

Terry J. Hood

ADDRESS: 1325 PLANTATION OAKS DR S, JACKSONVILLE BEACH, FL 32250

PRECINCT#

NAME: (Please print)

SIGNATURE:

ADDRESS:

(11)

ACCEPTANCE OF NOMINATION

I, Kurtis W. Loftus, HEREBY ACCEPT the nomination for the office of **City of Jacksonville Beach Council Member, District #At Large, Seat # 1**, and state that I am qualified to be a candidate for the office and agree to serve if elected.

Kurtis W. Loftus
(Signature of Candidate)

6/24/2016
Date

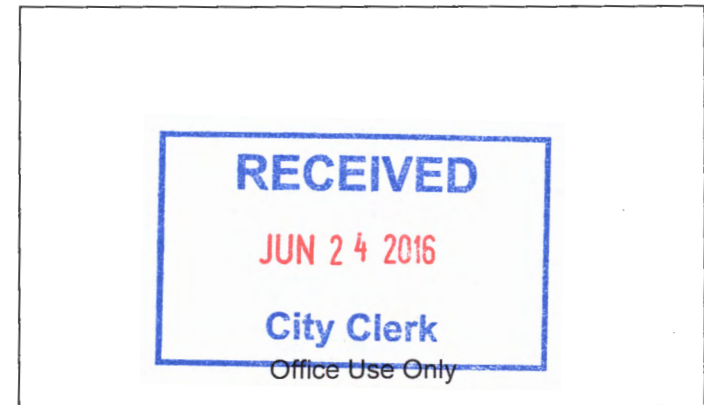
CERTIFICATION

I, Sandra Scott, HEREBY CERTIFY that the above petition was filed with me on the 24th day of June, A.D. 2016.

Sandra Scott
(Signature of City Clerk/Assistant City Clerk)



(City Seal)



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Loftus Kurtis William

MAILING ADDRESS :

1948 Horn Street

Jacksonville Beach 32250 Duval

CITY : ZIP : COUNTY :

NAME OF AGENCY :

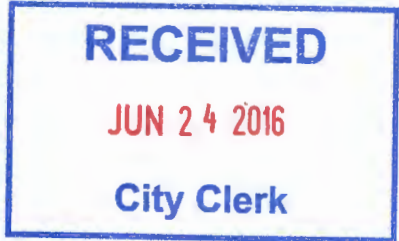
Jacksonville Beach City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Jacksonville Beach City Council At Large, Seat 1

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
The Kurtis Group	384 9th Ave N., Jacksonville Beach	Advertising/Marketing
Art Institute Tax	210 6th Ave 33rd Floor Pittsburgh PA	Private College

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
Tim Tebow Foundation	Marketing Services	7700 Square Lake Blvd, Jax	Children Advocacy
26.2 with DONNA	Marketing Services	11762 Marco Beach Dr Ste 6, Jax 32224	Fundraising to Finish
Salt Life Food Shack	Marketing Services	1018 3rd St N, Jax Bch	Restaurant Breast Cancer

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

None

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
49% ownership of business	The Kurtis Group (TKG)
Personal Checking + Savings	Wells Fargo (WF) Business Checking - TKG - WF

- TKG - Register

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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
		None
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

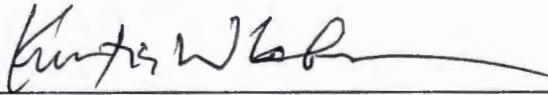
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

6/22/16

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.

RECEIVED

JUN 24 2016

City Clerk

Supervisor of Elections
Duval County, Florida
(Municipal Candidate)

Notification of Public Logic and Accuracy Test Receipt
Please complete and sign. Thank you!

I, Kurtis Loftus, a filed/qualified candidate for the office of Jacksonville Beach City Council, seat 1 at large

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**

Kurtis Loftus
(Signature)

6/24/2016
(Date)

Received by:

Jody Lynn Byrd
Clerk Staff

