

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

RECEIVED

JUN 08 2020

City Clerk's Office  
City of Neptune Beach

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, ELAINE BROWN

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MAYOR (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.

Candidate's Florida Voter Registration Number (located on your voter information card): 103 505872

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

ELANE BROWN

X Elaine Brown

Signature of Candidate

(904) 3185904

Telephone Number

elaine@neptunebeachmail.com

Email Address

1302 NEPTUNE GROVE DR. E. - NEPTUNE BEACH FL 32266

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

C. Bilinski Ponson  
Signature of Notary Public

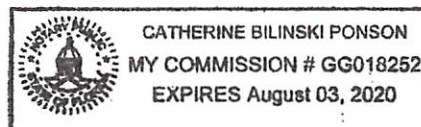
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical \_\_\_ or

online \_\_\_ presence this 8th day of June, 20 20

Personally Known: ☒ or Produced Identification: ☐

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



RECEIVED

JUN 09 2020

DUVAL COUNTY ELEC.  
By E-mail



RECEIVED

JUN 08 2020

City Clerk's Office  
City of Neptune Beach

NOMINATING PETITION  
CITY OF NEPTUNE BEACH  
FLORIDA

We, the undersigned, twenty-five electors of the City of Neptune Beach, hereby nominate ELAINE BROWN, for the office of Councilor or Mayor, Seat No. 2, to be voted for at the election to be held on the 3rd of November, A.D., 2020, and we individually certify that we are qualified to vote for candidates for that office at such election.

	<u>SIGNATURE</u>	<u>PRINT NAME</u>	<u>ADDRESS</u>
✓ 1.	<u>Leona P. Shedd</u>	LEONA P. Shedd	2010 Shadow Ln
✓ 2.	<u>JA Shedd</u>	JA Shedd	2010 Shadow Ln
✓ 3.	<u>Elaine M. Ferris</u>	ELAINE FERRIS	500 Light House Court N Beach
✓ 4.	<u>Julian S Ferris</u>	JULIAN S FERRIS	" " "
✓ 5.	<u>Diana Kelly</u>	DIANA KELLY	207 WALNUT ST
✓ 6.	<u>Michelle Davis</u>	Michelle Davis	2011 Shadow Ln
SU 7.	<u>Aaron Davis</u>	Aaron Davis	2011 Shadow Ln
✓ 8.	<u>Barry Z McDonald</u>	BARRY McDONALD	2028 " "
✓ 9.	<u>Deborah Z McDonald</u>	Deborah Z. McDonald	2028 Shadow Ln
✓ 10.	<u>Roy Bolenbaugh</u>	ROY BOLENBAUGH	2022 SHADOW LN.
✓ 11.	<u>Susan Bolenbaugh</u>	Susan Bolenbaugh	2022 Shadow Ln
✓ 12.	<u>John E Jolly</u>	JOHN E JOLLY	2024 SHADOW LN
✓ 13.	<u>Lena Jolly</u>	Lena Jolly	2034 SHADOW LN
✓ 14.	<u>Carl M McKenney</u>	Carl MCKENNEY	2029 Shadow Ln
✓ 15.	<u>Ellen M McKenney</u>	Ellen MCKENNEY	2029 Shadow Ln
16.			
17.			
18.			
19.			





NOMINATING PETITION  
CITY OF NEPTUNE BEACH  
FLORIDA

We, the undersigned, twenty-five electors of the City of Neptune Beach, hereby nominate ELAINE BROWN, for the office of Councilor or Mayor, Seat No. 9, to be voted for at the election to be held on the 3rd of November, A.D., 2020, and we individually certify that we are qualified to vote for candidates for that office at such election.

	SIGNATURE	PRINT NAME	ADDRESS
✓ 1.		Amanda Napolitano	1018 Buddy Croust Lane
✓ 2.		Mitt Orum	1707 Hopkins Creek Lane
✓ 3.		MICHAEL NAPOLITANO	1018 BUDDY CROUST LN
✓ 4.		Chris Johnson	1807 Hopkins Creek Ln
✓ 5.		DAVID M. CONDON	1817 " " "
✓ 6.		Adrienne Johnson	1807 Hopkins Creek Lane
✓ 7.		Mary Linger	1817 Hopkins Creek Ln
✓ 8.		Gene Riger	1006 Buddy Croust.
✓ 9.		Michael Weaver	1012 Buddy Croust
✓ 10.		Denise Weaver	1012 Buddy Croust
Dup 11.		Michael Weaver	1012 Buddy Croust
✓ 12.		Elizabeth Weaver	1414 Forest Marsh Dr.
✓ 13.		Sarah Bayan	1024 Buddy Croust Ln
NR 14.		Scott Carpenter	1030 Buddy Croust Ln
✓ 15.		Deborah Carpenter	1030 Buddy Croust Ln
16.			
17.			
18.			
19.			



NOMINATING PETITION  
CITY OF NEPTUNE BEACH  
FLORIDA

We, the undersigned, twenty-five electors of the City of Neptune Beach, hereby nominate Elaine Brown, for the office of Councilor or Mayor, Seat No. 1, to be voted for at the election to be held on the 3rd of November, A.D., 2020, and we individually certify that we are qualified to vote for candidates for that office at such election.

	<u>SIGNATURE</u>	<u>PRINT NAME</u>	<u>ADDRESS</u>
✓ 1.	<i>Harriet Pruette</i>	HARRIET PRUETTE	217 MAGNOLIA
✓ 2.	<i>Richard C. Keene</i>	RICHARD C. KEENE	733 BAY ST. (32266)
✓ 3.	<i>Mary E. Keene</i>	MARY E. KEENE	733 BAY ST. 32266
✓ 4.	<i>Lynda Padita</i>	Lynda Padita	1113 1st St. NB
✓ 5.	<i>Sepil B. Ansbrock</i>	Sepil B. Ansbrock	2018 <del>St</del> <sup>St</sup> St.
✓ 6.	<i>Jessica Bradstreet</i>	Jessica Bradstreet	215 Magnolia St.
✓ 7.	<i>Elaine Brown</i>	ELAINE BROWN	1302 NEPTUNE GROVE DR. E 32266
✓ 8.	<i>Richard A. Brown</i>	RICHARD A. BROWN	1302 Neptune Grove Dr. E.
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

ACCEPTANCE OF NOMINATION

I HEREBY ACCEPT the nomination for the office of Mayor Councilor, Seat No. 1 and agree to serve if elected.

Elaine Brown  
Candidate Signature





RECEIVED  
JUN 08 2020

City Clerk's Office  
City of Neptune Beach

AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA  
COUNTY OF DUVAL  
CITY OF NEPTUNE BEACH, FLORIDA

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

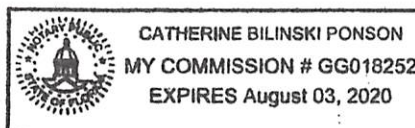
Elaine Brown who  
being duly sworn, deposes and says that he/she is a registered elector of the City of  
Neptune Beach, Florida; and has resided within the limits of the City of Neptune Beach  
preceding the election and has been a bonafide resident of Neptune Beach and that  
he/she is qualified to vote as defined by the Constitution and Statutes of the State of  
Florida in the Municipal Election to be held Tuesday, November 3, 2020, in the City of  
Neptune Beach, Florida.

Address of resident: 1302 NEPTUNE GROVE DR. EAST  
NEPTUNE BEACH, FL 32266

Elaine Brown  
Signature of resident

Sworn to and subscribed before me this 8<sup>th</sup> day of June, 2020

Catherine Ponson  
Catherine Ponson, City Clerk  
City of Neptune Beach  
Elections Officer



## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BROWN, ELAINE B.

MAILING ADDRESS :

1302 Neptune Grove Dr. E.

Neptune Bch, FL 32266 DUVAL

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

City of Neptune Beach, FL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor (Seat 1)

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERECEIVED  
JUN 08 2020City Clerk's Office  
City of Neptune Beach\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

## 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
City of Neptune Bch	220 First St. Nept. Bch	Municipal Govt.
FL Retirement System	Tallahassee, FL	State Govt.
Social Security	Dist Ofc - Jacksonville FL	Retirement System
AIT Environmental Tech	Ponte Vedra Bch, FL	Air Quality/Coml Disinfect

## 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
NA			

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

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

1302 Neptune Grove Dr. E. (Home)

2135 Rosewood Dr. Nept. Bch, 32266 (INVESTMENT)

You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.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

IRA Acct.

EQUITY TRUST CO.

**PART E — LIABILITIES** [Major debts - See instructions]

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

AmeriHome Mortgage

Box 17404 Ewing N.J. 08628

Colonial Savings - Mortgage

Box 9061 Temecula CA 92589

**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")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

NA

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:

Elaine Brown

Date Signed:

6/4/20

**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:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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, 2019.



# City of Neptune Beach

116 First Street

Neptune Beach, FL 32266

Telephone No. (904) 270-2400

06/08/20 4:50PM

Receipt #: 002200608000085

Customer #: 130340

Location #: A/A

For: CITY MISC CASH

Previous Balance on Acct: 178.00

Payment Received: 178.00

Amount Tendered - Check: 178.00

Check Number : 000093

New Balance on Acct: 0.00

Payment will be posted: 06-08-2020

Register: REG 2

Thank you - Have a nice day....

CUSTOMER COPY