

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Barnes, John R

MAILING ADDRESS :

14982 Durbin Cove Way

CITY: Jacksonville ZIP: 32259 COUNTY: Duval

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Soil & Water Group 2

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

JUN 9 8:44

**RECEIVED**

JUN 09 2020

DUVAL COUNTY ELEC.  
By AS

**\*\*\*\* 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
Intuition LLC	6735 Southpoint Drive Suite 300 Jacksonville, FL 32216	Regulatory Support Company

**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")

14982 Durbin Cove Way
JAX, FL 32259

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.

**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

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DUVAL COUNTY ELEC.  
By LB

OFFICE USE ONLY

**Candidate Oath**

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

I, John R. Barnes

(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 Soil & Water, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)

\_\_\_\_\_ 2 \_\_\_\_\_; 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): 114728465

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.]

J A A N R B A A R N Z

**X** J. R. Barnes (904) 333-7843 JohnRussell.Barnes@gmail.com  
Signature of Candidate Telephone Number Email Address  
14982 Durbin Cove Way, JAX, FL 32259  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Lana G. Self  
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 9 day of June, 2020.

Personally Known: \_\_\_\_\_ or Produced Identification: X

Type of Identification Produced: FL Drivers License

**LANA G. SELF**  
Notary Public, State of Florida  
My Comm. Expires 07/29/21  
Commission No. GG102927

Receipt Date 6-9-20 19 15 No. 426918

FROM John Barnes \$~~25.00~~

Twenty five + <sup>00</sup>/<sub>100</sub> DOLLARS

FOR RENT  
 FOR Qualifying Fee

FROM \_\_\_\_\_ TO \_\_\_\_\_

ACCT.		
PAID		
DUE		

cash  
 check  
 money order BY Lane Self

SC 1152

JUN 9 3:4E