

### .Municipal Candidate Filing & Qualifying Checklist

Qualifying Period: Monday, August 5, 2024, at 8:00 a.m. - Friday, August 16, 2024, at Noon

Amy Tavai

### Name of Candidate

City Council Seat A

Office: Mayor -4 Year Term Seat A - 4 Year Term Seat B - 4 Year Term Seat C - 2 Year Term

### **QUALIFYING:**

Appointment of Campaign Treasurer & Designation of Campaign Depository DS-DE 9. This form is required to be filed before ANY action is taken, including opening a campaign account.

Statement of Candidate DS-DE 84 (Must be filed within ten days of DS-DE9)

Loyalty Oath/Oath of Candidate Nonpartisan Candidate DS-DE 320NP

NOTE: Ballot language and names of candidates must be provided electronically to SOE by close of business on the last day of qualifying.

Form 6 -2024 Full Statement of Financial Disclosure -New Candidates must file the completed Form 6 disclosure. Incumbent Candidates – Can File a copy of the "verification receipt of filing" or print a copy of the completed disclosure.

Fees - .04 cents payable to the City of Gulf Breeze. (Annual Salary is \$1.00 per year. The qualifying fee is 3% of \$1.00 = .03 cents, and the election assessment is 1% of \$1.00 = .01 cents for a total of .04 cents per candidate. The City is non-partisan and, therefore, does not have a party fee. (Fees must be paid from the campaign account with a check drawn upon the campaign account. Make check payable to the City of Gulf Breeze)

Petitions instead of Qualifying Fee – 51 signed petitions & checks payable to the SRC Supervisor of Elections for \$5.10. (Must be paid with a check drawn upon the Campaign account)

Signed Qualifying Receipt Notification – Providing Candidate in writing of the date of Logic & Accuracy test (F.S. 101.5612)

Verify voter registration

I certify that I have reviewed the above checklist.

X

**Candidates** Signature

City of Gulf Breeze

Notification of Logic & Accuracy Test

Candidate Signature			Date
x Shu Wan	d	15	24
I certify that I have received notification of the Lo	ogic and	Accur	acy Test:

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	
(PLEASE PRINT OR TYPE)	
NOTE: This form must be on file with the filing officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form	er/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last):	3. Address (include PO Box or Street, City, State, Zip Code):
(Please Print or Type Name)	508 Silverthorn Rd.
Amy White Tavai	Gulf Breeze, FL 32561
4. Telephone: 5. Candidate's Voter Registra	tion #: 6. Email Address:
(450) 716-5310 (not required for qualifying purpos	es) amy_tavai@hotmail.com
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a nonpartisan office, check the box
Seat A	if applicable:
9. If a candidate for <u>partisan</u> office, check the box and fill in t	he name of the party as applicable: I intend to run as a
U Write-In Candidate. No Party Affiliation Candidate.	Non paetisan Party candidate.
10. I have appointed the following person to act as my:	Campaign Treasurer
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Solomon Taval	(101,447.3432 solomon-tavaiehotmail
14. Mailing Address:15. Cit508 Silverthorn RdGulf	y: 16. State: 17. Zip Code: Breeze FL 32561
18. I have designated the following bank as my (check appro	opriate box): 🕅 Primary Depository 🔲 Secondary Depository
19. Name of Bank: Gulf Winds Credit Union	20. Address: 1300 Shoreline DR.
21. City: Gulf Breeze Sav	unty: Ha Rosa 23. State: 24. Zip Code: 325ie 1
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE RI CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGI	EAD THE FOREGOING FORM FOR THE APPOINTMENT OF THE N DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date: 8/14/24	26. Signature of Candidate:
27. Treasurer's Acceptance of Appointment (fill in	the blanks and check the appropriate box)
Solomon Tavai	$\bigcirc$
I, (Please Print or Type Name)	do hereby accept the appointment designated above as:
Campaign Treasurer.	Deputy Treasurer.
	29. Signature of Campaign Treasurer or Deputy Treasurer
28. Date: 8/14/24	X
	Rule 1S-2.0001, F.A.C.

OFFICE USE ONLY STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please print or type) Tava ١, candidate for the office of City Council Seat A have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. ignature of Candidate Each candidate must file a statement with the gualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

DS-DE 84 (05/11)

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	
(PLEASE PRINT OR TYPE)	
NOTE: This form must be on file with the filing officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
□ Initial Filing of Form	er/Deputy 🛱 Depository 🗆 Office 🗆 Party
2. Name of Candidate (in this order: First, Middle, Last):	3. Address (include PO Box or Street, City, State, Zip Code):
(Please Print or Type Name)	508 Silverthorn Rd.
Amy White Tavai	Gulf Breeze, FL 32561
4. Telephone: 5. Candidate's Voter gistra	tion #: 6. Email Address:
(450) 176-5310 (not required for qualifying purpos	es) amy_tavai@hotmail.com
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box
City Council, Spat A	if applicable:
9. If a candidate for <u>partisan</u> office, check the box and fill in t	he name of the party as applicable: I intend to run as a
Write-In Candidate. No Party Affiliation Candidate.	Party candidate.
10. I have appointed the following person to act as my: 🛛 🧏	Campaign Treasurer
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Solomon Tavai	1601 H47.3432 solomon-tavai@hotmail.
14. Mailing Address: 508 Silverthorn Rd Gult	y: 16. State: 17. Zip Code: Breeze FL 32561
18. I have designated the following bank as my (check appro	opriate box): Primary Depository 🔲 Secondary Depository
19. Name of Bank: Hancock whitney Bank	20. Address: 1307 Shoreline Dr.
21. City: 22. Co	unty: 23. State: 24. Zip Code:
Gulf Breeze Santa	a Rosa III 325 6 1
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE RE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN	EAD THE FOREGOING FORM FOR THE APPOINTMENT OF THE IN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date: 8 15 24	26. Signature of Candidate: X Ny W Javan
27. Treasurer's Acceptance of Appointment (fill in	the blanks and check the appropriate box)
Solomon Tavai	
I,(Please Print or Type Name)	_do hereby accept the appointment designated above as:
🔀 Campaign Treasurer.	Deputy Treasurer.
	29. Signature of Campaign Treasurer or Deputy Treasurer
28. Date: 8/15/24	X
DS-DE 9 (Rev. 09/23)	Rule 1S-2.0001, F.A.C.

CANDIDATE OATH	
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	
Check box <b>only</b> if you are seeking to qualify as a write-in candidate:	
Write-in candidate	
	OFFICE USE ONLY
Cand	idate Oath
Aug Tau	
Name to appear on ballot:	
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)
Check box if name includes nickname. (For use of a nickname.	ckname, you must complete the Nickname Affidavit on reverse side.)
	chiane, you must complete the Nickhame Andavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office	ity (ouncil
r swear of anima that fam a candidate for the honpartisan onice	(Office) (District #)
I swear or affirm that I am a candidate for the nonpartisan office of <u>Seat A</u> ; I am a qualified elect	tor of Santa Rosq County, Florida;
(Circuit #) (Group or Seat #)	
Lam a qualified elector under the Constitution and the Laws of	Florida to hold the office to which I desire to be nominated or elected; I
	hich office or any part thereof runs concurrent with the office I seek; and I
	gn 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.
Statement of Outstandi	ng Fines, Fees, or Penalties
Lowe outstanding fines fees or penalties that cumulatively exce	ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).
10 do lo la seconda da servicio da servicio de la seconda de la secon	
YES, I Do	NO, I Do Not
If you do, you must also specify the amount owed and each e	ntity that levied the same on the reverse side.
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~/ 1112 GED 171	C210 1 1/1
× Muz Wm 1850 170	
Signature of Candidate Telephone Numb	er Email Address
508 Silverthorn Rd Gulf Bree.	
Address of Legal Residence City	State ZIP Code
STATE OF FLORIDA	A or I (
COUNTY OF Danta Torre	Alle Atdage
	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of	la freita de Estat en las entre el carecter reception a la completa de la completa de la completa de la comple
online notarization OR physical presence	blidding and a state of the sta
this 15 day of Accust, 20 Rt	LESLIE GUYER
	MY COMMISSION # HH 468200
Personally Known Marcol OR Produced Identification	EXPIRES: March 23, 2028
Type of Identification Produced:	
DS-DE 302NP <mark>(</mark> Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

# 2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information		
Name: Mrs Amy White Tavai		
Address: 508 SILVERTHORN RD	), GULF BREEZE, FL 32561	
County:		
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	City of Gulf Breeze, FL, Santa Rosa County	City Council, Seat A

Net Worth	
My Net Worth as of <u>December 31, 2023</u> was <u>\$ 450,000.00</u> .	

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# Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary residence	\$ 400,000.00
IRA	\$ 50,000.00

#### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor		Amount of Liability
Keesler Federal Credit Union	2602 Pass Rd, Biloxi, MS 39534		\$ 250,000.00
		1. 1. A.	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Pen Air Federal Credit Union	1289 Airport Blvd, Pensacola, FL 32504	\$ 15,000.00

# 2023 Form 6 - Full and Public Disclosure of Financial Interests

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Please redact any social secur posted to the Commission's w	ity or account nu		ne tax return, including all V taching your returns, as the		
I elect to file a copy of my	2023 federal inco	ome tax return a	and all W2s, schedules, and	attachments.	
RIMARY SOURCES OF INCOM	E:				
Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of Income		Amount
Levin Rinke Realty		220 W Garden	St, Suite 125, Pensacola, Fl	32502	\$ 35,000.00
					-
ECONDARY SOURCES OF INCO	OME (Major custo	mers, clients, et	tc. of businesses owned by i	reporting perso	n):
Name of Business Entity	Name of Maj Business' Inc	or Sources of ome	Address of Source	1 .	al Business / of Source

Interests	in Specified Businesses	
Business En	ntity # 1	
Business En N/A	tity # 1	

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## Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

# **Amy White Tavai**

Digitally signed: 08/14/2024