



.Municipal Candidate Filing & Qualifying Checklist

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

Brittany Simpson

Name of Candidate

Seat C

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. *Form #1*
- 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 *Brittany Simpson* *8/14/24*
Candidates Signature Date

Notification of Logic & Accuracy Test

I certify that I have received notification of the Logic and Accuracy Test:

X *Brittany Simpson* *8/14/24*
Candidate Signature Date

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 Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Brittany Jo Bjorklund Simpson

3. Address (include PO Box or Street, City, State, Zip Code):

408 YORK ST, GULF BREEZE FL
32561

4. Telephone:

(850) 241 9807

5. Candidate's Voter Registration #:

[REDACTED]
(not required for qualifying purposes)

6. Email Address:

Brittany.Bjork@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

CITY COUNCIL SEAT C

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. ~~No Party Affiliation Candidate.~~ non partisan Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Brittany Simpson

12. Telephone:

()

13. Email Address:

Brittany.Bjork@gmail.com

14. Mailing Address:

408 YORK ST

15. City:

GULF BREEZE

16. State:

FL

17. Zip Code:

32561

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Hancock Whitney

20. Address:

1397 Shoreline Dr

21. City:

GULF BREEZE, FL

22. County:

SANTA ROSA

23. State:

FL

24. Zip Code:

32561

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

8/14/24

26. Signature of Candidate:

X Brittany Simpson

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Brittany Simpson do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

8/14/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Brittany Simpson

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, Brittany Simpson,
candidate for the office of City Council Seat C;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Brittany Simpson
Signature of Candidate

8/14/24
Date

Each candidate must file a statement with the qualifying 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).

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

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Brittany Simpson

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of CITY COUNCIL, _____ (Office) _____ (District #)
SEAT C; I am a qualified elector of SANTA ROSA County, Florida
(Circuit #) (Group or Seat #)

I am 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 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Brittany Simpson (850) 291 9807 BrittanyBjork@gmail.com
Signature of Candidate Telephone Number Email Address
408 York Street Gulf Breeze FL 32561
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Santa Rosa

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

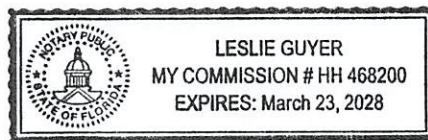
Sworn to (or affirmed) and subscribed before me by means of

online notarization OR physical presence

this 14th day of August, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____



General Information

Name: Brittany Jo Simpson
 Address: 408 YORK ST, GULF BREEZE, FL 32561 PID 307724
 County: Santa Rosa

AGENCY INFORMATION

Organization	Suborganization	Title
Gulf Breeze	Mayor And City Council	City Councilmember

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
 (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
Lockheed Martin	5600 W Sandlake Road, Orlando, FL	Organizational Effectiveness Consultant

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
Checking Account	Ally Bank
Roth IRA	Charles Schwab
403b	Transamerica

Liabilities

LIABILITIES (Major debts valued over \$10,000):
 (If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
Mortgage	PO BOX 660592, Dallas, TX 75266-66-0592
Car Loan	PO BOX 17237, Willmington, DE 19886-7237

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
 (If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Filer

Brittany Jo Simpson

Digitally signed: 06/23/2024

Filed with COE: 06/23/2024