



Municipal Candidate Filing & Qualifying Checklist

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

JB Schluter

Name of Candidate

Mayor

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

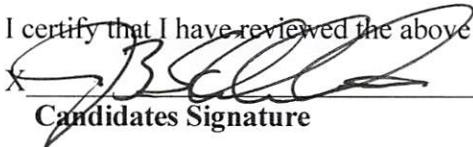
QUALIFYING:

- 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.

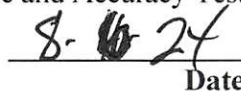
X 
Candidates Signature


Date

Notification of Logic & Accuracy Test

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

X 
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)

J. B. SCHLUTER

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

135 ENFAULA ST
Gulf Breeze FL 32561

4. Telephone:

(850) 232-0939

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

INNERLIGHTJB@AOL.COM

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

MAYOR

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. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

SHANNON ~~HAMPTON~~ Schluter

12. Telephone:

(850) 390-0270

13. Email Address:

GMAIL
INNERLIGHTSHANNON@

14. Mailing Address:

1503 LightHouse LN

15. City:

Gulf Breeze

16. State:

FL.

17. Zip Code:

32563

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

19. Name of Bank:

TRUST

20. Address:

3301 Gulf Breeze Pkwy 32563

21. City:

Gulf Breeze

22. County:

SANTA ROSA

23. State:

FL.

24. Zip Code:

32563

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: 7-23-24

26. Signature of Candidate:

X 

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 7/24/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)


(Please print or type)

OFFICE USE ONLY

I, JB SCHLUTER,

candidate for the office of MAYOR;

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

X 
Signature of Candidate

7-23-24
Date

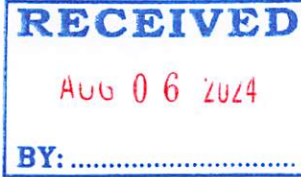
Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result 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: J.B. Schluter

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 MAYOR (Office) (District #)
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

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

Signature of Candidate: [Handwritten Signature] Telephone Number: (850) 232-0939 Email Address: INNERLIGHTJOB@AOL.COM
Address of Legal Residence: 1315 EUFAULA ST. Gulf Breeze City: FL. State: ZIP Code: 32561

STATE OF FLORIDA
COUNTY OF Santa Rosa

Signature of Notary Public: [Handwritten Signature]
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 6th day of August, 2024.
Personally Known OR Produced Identification
Type of Identification Produced:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is JEROME BRIAN Schluter. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is J. B. Schluter. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF Santa Rosa

[Handwritten Signature]
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 6th day of August, 2024
Personally Known OR Produced Identification



Type of Identification Produced: _____

General Information

Name: JB Schluter
 Address: 135 EUFAULA ST, GULF BREEZE, FL 32561 PID 282265
 County: Santa Rosa

AGENCY INFORMATION

Organization	Suborganization	Title
Gulf Breeze	Mayor And City Council	Councilmember

CANDIDATE FOR

Position	Agency Name	Position sought or held
Mayor for a City, Town or Village - Form 1 (Effective 6/10/2024)	City of Gulf Breeze	Mayor

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
Innerlight Inc	1188 Gulf Breeze Pkwy	OWNER/OPERATOR

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
Innerlight Inc	N/A	N/A	N/A
IL of Gulf Breeze	N/A	N/A	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
1188 Gulf Breeze Pkwy, Gulf Breeze, FL 32561
203 Gulf Breeze Pkwy, Gulf Breeze, FL 32561

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
JOHN HANCOCK	IRA
CHARLES SCHWAB	STOCKS
REGIONS BANK	SAVINGS
TRUIST	SAVINGS/CHECKING
PEN AIR	CD

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
THE FIRST	33 W Garden St, Pensacola, FL 32502

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

JB Schluter

Digitally signed: 06/25/2024

Filed with COE: 06/25/2024