



.Municipal Candidate Filing & Qualifying Checklist

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

Timothy "Tim" Burr

Name of Candidate

Seat B

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.

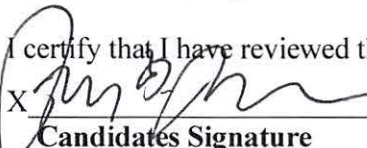
Fees - .04 cents payable to the City of Gulf Breeze. (Annual Salary is \$1.00 per year. The qualifying fee is 3% of \$1.00 = .03 cents, and the election assessment is 1% of \$1.00 = .01 cents for a total of .04 cents per candidate. The City is non-partisan and, therefore, does not have a party fee. (Fees 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

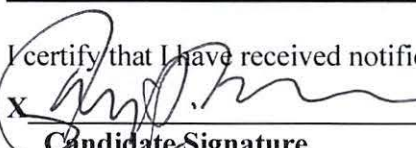
I certify that I have reviewed the above checklist.

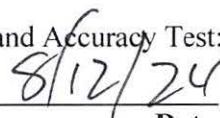
X 
Candidates Signature


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)

TIMOTHY FULLER BURR

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

604 FAIRPOINT DRIVE
GOLF BREEZE
FL 32561

4. Telephone:

(850) 516-7212

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

tburr1018@gmail.com

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

GOLF BREEZE CITY COUNCIL, SEAT B

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:

TIMOTHY BURR

12. Telephone:

(850) 516-7212

13. Email Address:

tburr1018@gmail.com

14. Mailing Address:

604 FAIRPOINT DR

15. City:

GOLF 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:

PNC BANK

20. Address:

1170 GOLF BREEZE PKWAY

21. City:

GOLF BREEZE

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:

7/3/24

26. Signature of Candidate:

X [Signature]

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date:

7/3/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]

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)

TIMOTHY FULLER BURR

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

604 FAIRPOINT DRIVE
GOLF BARRIE
FL 32561

4. Telephone:

(850) 516-7212

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

tburr1018@gmail.com

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

GOLF BARRIE CITY COUNCIL, SEAT B

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:

LISA B. WILLIAMS

12. Telephone:

(347) 415-4764

13. Email Address:

LCBURR@gmail.com

14. Mailing Address:

20 GILMORE DRIVE

15. City:

GOLF BARRIE

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:

PNC BANK

20. Address:

1170 GOLF BARRIE PKWAY

21. City:

GOLF BARRIE

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:

7/3/24

26. Signature of Candidate:

X [Signature]

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

I, LISA B. WILLIAMS do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

7/3/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, TIMOTHY F. BURR,

candidate for the office of GULF BREEZE CITY COUNCIL, SEAT B;

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

X

A large, stylized handwritten signature in blue ink, appearing to read "Timothy F. Burr".

Signature of Candidate

7/3/24

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: Tim Burr

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 COUNCIL, CITY OF GULF BREEZE
(Office) (District #)

SEAT B; 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.

X [Signature] Telephone Number (850) 516-7212 Email Address tburr1018@gmail.com
Signature of Candidate
604 FAIRPOINT DR. GULF BREEZE FL 32561
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Santa Rosa

[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 12 day of August, 2021
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 TIMOTHY F. BURR. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is TIM BURR. 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.

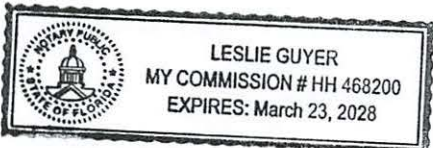
Signature of Candidate: [Handwritten Signature]

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 12th day of August, 2024.
Personally Known OR Produced Identification

Type of Identification Produced: _____



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mr Timothy Fuller Burr
Address: 604 FAIRPOINT DR, GULF BREEZE, FL 32561
County: Santa Rosa

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	City Council Seat B

Net Worth

My Net Worth as of July 16, 2024 was \$ 6,945,874.00.

For Quality Only
For Purposes Only

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 750,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal residence	\$ 2,950,000.00
Burr Family Revocable Trust	\$ 1,175,264.00
IRA Rollover	\$ 2,053,911.00
PNC Bank	\$ 16,699.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Burr Family Revocable Trust	Charles Schwab	\$ 169,122.00
Social Security Administration	USA	\$ 57,442.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

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.

Timothy Fuller Burr

Digitally signed: 07/16/2024

For Qualifying
Purposes Only