STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, Rebecca S. Bruner,

candidate for the office of City Commissioner Group 2;

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

X Rebecca S Bruner — Signature of Candidate

6/10/19 — 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).

RECEIVED JUN 17 2019 BY: MR Clerk 3:00pm

RECEIVED JUN 10 2019 MK Clerk 12:11pm

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 qualifying officer before opening the campaign account.

RECEIVED JUN 10 2019 BY: Clerk 12:11 pm

RECEIVED JUN 17 2019 BY: Cindy Clerk 3pm

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)		3. Address (include post office box or street, city, state, zip code)
Rebecca S. Bruner		625 S.E. Alamanda Way Stuart, FL. 34996
4. Telephone	5. E-mail address	
(772) 285-4491	Beckybruner24@yahoo.com	

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
city Commissioner group 2	☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☑ No Party Affiliation ☐ _____ Party candidate.

9. **I have appointed the following person to act as my** ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Rebecca S. Bruner

11. Mailing Address				12. Telephone
625 S.E. Alamanda Way				( )
13. City	14. County	15. State	16. Zip Code	17. E-mail address
Stuart	Martin	FL	34996	Beckybruner24@yahoo.com

18. **I have designated the following bank as my** ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank	20. Address		
Seacoast National Bank	815 Colorado Ave.		
21. City	22. County	23. State	24. Zip Code
Stuart	Martin	FL.	34996

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

25. Date	26. Signature of Candidate
	X Rebecca S Bruner

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

I, Rebecca S. Bruner, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☑ Campaign Treasurer ☐ Deputy Treasurer.

6/10/19 X Rebecca S Bruner
Date Signature of Campaign Treasurer or Deputy Treasurer

Rebecca S. Bruner Campaign
625 SE Alamanda Way
Stuart, FL. 34996
772.285.4491

0091
63-515/670
01

DATE 6/10/19

PAY TO THE ORDER OF City of Stuart $ 205.—

Two hundred five & 00/100 DOLLARS

Security Features Details on Back.

SeacoastBank
SEACOAST NATIONAL BANK
STUART, FLORIDA 34994

FOR filing fee

Rebecca S Bruner

MP

CITY OF STUART
RECVD BY: EDITH 0400903330
PAYOR: REBECCA BRUNER
TODAY'S DATE: 06/17/19
REGISTER DATE: 06/17/19 TIME: 15:49

DESCRIPTION	AMOUNT
CUST ID:BRUNER, REBECCA	
ELECTION QUALIFYING FE	$205.00
TOTAL DUE:	$205.00
TENDERED:	$205.00
CHANGE:	$.00
CHECK :	$205.00

REF NUM: 0091

RECEIVED
JUN 17 2019
BY: MK Clerk 3pm

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2018

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

FOR OFFICE USE ONLY:

RECEIVED JUN 10 2019 MK Clerk 12:11pm

RECEIVED JUN 17 2019 BY: MK Clerk 3pm

LAST NAME -- FIRST NAME -- MIDDLE NAME : Bruner Rebecca Smith

MAILING ADDRESS : 625 S.E. Alamanda Way

CITY : Stuart ZIP : 34996 COUNTY : Martin

NAME OF AGENCY : City Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☑ DECEMBER 31, 2018 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

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
BECKS FIN FURN. (closed aug 2018)	660 SE Monterey Rd Stuart FL Retired	retail / furn. store
BRUNER PLAZA L.L.C.	646 S.E. Monterey Rd. Stuart Fl.	rental property

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
City of Stuart	Commissioner	121 S.W. Flagler Ave Stuart	government

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

BRUNER PLAZA (land & buildings) LLC

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.

(Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES **[Ownership or positions in certain types of businesses - See instructions]**
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature: Rebecca S Bruner

Rebecca S. Bruner

Date Signed: 6/10/19

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers* or *specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: ***Initially***, each local officer/employee, state officer, and specified state employee must file ***within 30 days*** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

OATH OF RESIDENCY

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared Rebecca S. Brunner who being duly sworn, deposes and says he/she has maintained a continuous residency within the City of Stuart for more than twelve (12) months preceding the election. (Sec 7.03) Qualifying.

Rebecca S Brunner
Signature of Candidate

Sworn to and subscribed before me this 10th day of June 2019.

Mary R. Kindel
Notary Public

Seal:

NOTARY PUBLIC STATE OF FLORIDA
MARY R. KINDEL
MY COMMISSION # GG48181
EXPIRES: November 16, 2020

11-16-2020
My Commission expires

RECEIVED
JUN 17 2019
MK Clerk 3pm

RECEIVED
JUN 10 2019
MK Clerk 12:11pm

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

RECEIVED JUN 10 2019 BY: MK Clerk 12:10pm

RECEIVED JUN 17 2019 MK Clerk 3pm

OFFICE USE ONLY

Candidate Oath

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

I, Becky Bruner

(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 City Commissioner (*Office*), _____ (*District #*),

_____ (*Circuit #*), group 2 (*Group or Seat #*); I am a qualified elector of Martin County, Florida;

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): _____

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.]*

BEK · EE Broo · ner

X Becky Bruner — **Signature of Candidate**

(772) 285-4491 — Telephone Number

Beckybruner24@yahoo.com — Email Address

625 S.E. Alamanda Way — Address

Stuart — City

FL — State

34996 — ZIP Code

STATE OF FLORIDA

COUNTY OF MARTIN

Mary R Kindel — **Signature of Notary Public**

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

Sworn to (or affirmed) and subscribed before me this 10th day of June, 2019.

MARY R. KINDEL
MY COMMISSION # GG48181
EXPIRES: November 16, 2020

Personally Known: ✓ or Produced Identification: _____

Type of Identification Produced: _____

Compound Last Names

If your *last* name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be "Smith". If you check the box, your last name would be listed on the ballot as "Jones Smith." If you have a hyphen within your last name, the last name would be listed as "Jones-Smith.

Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

1. Use tables below.
2. Use upper case for "stressed" syllables. Use lower case for "unstressed" syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, *etc.*

Vowels			
Stressed Vowel Sounds		***Unstressed Vowel Sounds***	
EE	(FEET) *feet*	uh	(SO-fuh) sof*a* (FING-guhr) finger
I	(FIT) *fit*		
E	(BED) *bed*		
A	(KAT) *cat* (KAD) *cad*		
AH	(FAH-thur) *father* (PAHR) *par*		
AH	(HAHT) *hot* (TAH-dee) *toddy*		
UH	(FUHJ) *fudge* (FLUHD) *flood*		
UH	(CHUHRCH) *church*		
AW	(FAWN) *fawn*	***Certain Vowel Sounds with R***	
U	(FUL) *full*	AHR	(PAHR) *par*
OO	(FOOD) *food*	ER	(PER) *pair*
OU	(FOUND) *found*	IR	(PIR) *peer*
O	(FO) *foe*	OR	(POR) *pour*
EI	(FEIT) *fight*	OOR	(POOR) *poor*
AI	(FAIT) *fate*	UHR	(PUHR) *purr*
OI	(FOIL) *foil*		
YOO	(FYOOR-ee-uhs) *furious*		

Consonants			
B	(BED) *bed*	R	(RED) *red*
D	(DET) *debt*	S	(SET) *set*
F	(FED) *fed*	T	(TEN) *ten*
G	(GET) *get*	V	(VET) *vet*
H	(HED) *head*	Y	(YET) *yet*
HW	(HWICH) *which*	W	(WICH) *witch*
J	(JUHG) *jug*	CH	(CHUCRCH) *church*
K	(KAD) *cad*	SH	(SHEEP) *sheep*
L	(LAIM) *lame*	TS	(ITS) *its* (PITS-feeld) Pi*tts*field
M	(MAT) *mat*	TH	(THEI) *Thigh*
N	(NET) *net*	TH	(THEI) *Thy*
NG	(SING-uhr) *singer*	ZH	(A-zhuhr) azure (VI-zhuhn) vision
P	(PET) *pet*	Z	(GOODZ) good*s* (HUH-buhz-tuhn) Hubbard*s*ton

Examples of Phonetically Spelled Names	
NAME ON BALLOT	**PRONOUNCED AS**
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

Do not submit this page to the filing officer.