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
JAN 26 2017
RENDERED & FILED IN
THE OFFICE OF
THE STUART CITY CLERK
ON Jan. 26, 2017

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)
Becky Bruner	625 Alamanda Way Stuart, FL 34996
4. Telephone: (772) 285-4491	5. E-mail address: beckybruner24@yahoo.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
City of Stuart 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
Becky Bruner

11. Mailing Address	12. Telephone
625 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	Florida	34994

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
1/26/2017	X Becky Bruner

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

I, Becky Bruner Becky Bruner, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☑ Campaign Treasurer ☐ Deputy Treasurer.

1/26/2017 X Becky Bruner
Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
JAN 26 2017
BY: _____

I, Becky 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 Becky Bruner
Signature of Candidate

1/26/2017
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).

DS-DE 84 (05/11)

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CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Becky Bruner
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

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.

X Becky Bruner — Signature of Candidate
(772) 285 4491 — Telephone Number
Beckybruner24@yahoo.com — Email Address

625 Alamanda Way — Address
Stuart — City
FL — State
34996 — ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 49226

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

BEK-EE Broo n-er

STATE OF FLORIDA
COUNTY OF H. Martin

Sworn to (or affirmed) and subscribed before me this 19 **day of** June, **20**17.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

CHERYL WHITE
MY COMMISSION # FF 967781
EXPIRES: April 6, 2020
Bonded Thru Budget Notary Services

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

INSTRUCTIONS: INSERTING PHONETIC SPELLING OF CANDIDATE'S NAME FOR AUDIO BALLOT

Use the PRONUNCIATION KEY below to provide pronunciations for ambiguous first names and surnames. Capitalize STRESSED syllables, use lower case for unstressed syllables. Use dashes (-) to separate syllables. You should also add any notes such as rhyming examples, silent letters, *etc.*

PRONUNCIATION KEY **Stressed Vowel Sounds**	
EE	(FEET) *feet*
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*
U	(FUL) *full*
OO	(FOOD) *food*
OU	(FOUND) *found*
O	(FO) *foe*
EI	(FEIT) *fight*
AI	(FAIT) *fate*
OI	(FOIL) *foil*
YOO	(FYOOR-ee-uhs) *furious*

Samples:

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)

Unstressed Vowel Sounds	
uh	(SO-fuh) *sofa* (FING-guhr) *finger*

Certain Vowel Sounds with R	
AHR	(PAHR) *par*
ER	(PER) *pair*
IR	(PIR) *peer*
OR	(POR) *pour*
OOR	(POOR) *poor*
UHR	(PUHR) *purr*

Consonant Sounds			
B	(BED) *b*ed	TS	(ITS) *its* (PITS-feeld) Pi*tts*field
D	(DET) *d*ebt	TH	(THEI) *Th*igh
F	(FED) *f*ed	TH	(THEI) *Th*y
G	(GET) *g*et	ZH	(A-zhuhr) azure (VI-zhuhn) vision
H	(HED) *h*ead	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston
HW	(HWICH) *wh*ich		
J	(JUHG) *j*ug		
K	(KAD) *c*ad		
L	(LAIM) *l*ame		
M	(MAT) *m*at		
N	(NET) *n*et		
NG	(SING-uhr) si*ng*er		
P	(PET) *p*et		
R	(RED) *r*ed		
S	(SET) *s*et		
T	(TEN) *t*en		
V	(VET) *v*et		
Y	(YET) *y*et		
W	(WICH) *w*itch		
CH	(CHUCRCH) *ch*urch		
SH	(SHEEP) *sh*eep		

NOTE: This page should not be submitted to the filing officer.

OATH OF RESIDENCY

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared Becky Bruner **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.**

Becky Bruner
Signature of candidate

Sworn to and subscribed before me this 19th **day of** June **~~2016~~.** 2017

Notary Public

CHERYL WHITE
MY COMMISSION # FF 967781
EXPIRES: April 6, 2020
Bonded Thru Budget Notary Services

My Commission expires

NOTICE TO CANDIDATE:
LOGIC AND ACCURACY TESTING OF VOTING EQUIPMENT
DATES & TIMES

I, Becky Bruner (Print Name), Candidate for the Stuart City Commission Group 2.

By signing this form, I do acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group 2.
- I have received a copy of the official Candidate Calendar for the Notice of Logic and Accuracy Testing of Voting Equipment" listing the dates, times and location of the testing of the voting equipment, for the City of Stuart General Election and if necessary, the dates, times and location of the testing of the voting equipment for a Run-Off Election. F.S. 101.5612 (2)

SIGNATURE: Becky S Bruner DATE: 6/19/17

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2016

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

FOR OFFICE USE ONLY:

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

MAILING ADDRESS :
625 Alemanda Way

CITY : Stuart ZIP : FL 34996 COUNTY : Martin

NAME OF AGENCY : Martin Soil & Water Conservation District

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Supervisor

RECEIVED JUN - 9 2017 BY:

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, 2016 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
PECKS FINE FURNITURE	660 SE Monterey Rd Stuart, FL	retail furn. store
BRUNER PLAZA LLC	646 SE 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

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 LLC - (land + buildings)

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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	N/A	
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: Becky Brown or Robert A Brown

Date Signed: 6/7/17

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:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it,** send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:
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.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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.)

State officers* or *specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2016.