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:	2024 JUN 13 PM1:58
Write-in candidate	OFFICE LISE ONLY
	OFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot: Shelley & P	Brummett
Check box if two last names without hy	
Check box if name includes nickname. (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)
	B. 15 D. T.
	Vavarra Beach Fire Rescue Di
I swear or affirm that I am a candidate for the nonpartisan office of	(Office) (District #)
(Circuit #) (Group or Seat #); I am a qualified elect	or of Santa Rosa county, Florida:
(Circuit #) (Group or Seat #)	
have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I ich office or any part thereof runs concurrent with the office I seek; and I in pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
Statement of Outstandi	ng Fines, Fees, or Penalties
I owe outstanding fines, fees, or penalties, that cumulatively exceed	ed \$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 e	ntity that levied the same on the reverse side.
Stulley CBrummett 1850 a1	Sbrummette navarre beachfire, org
Signature of Cardidate  7072 Gulf Blvo Wave	-
Address of Legal Residence City	State ZIP Code
STATE OF FLORIDA , )	Tan. O. K 11 69040
COUNTY OF Santa ROSA	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:
online notarization OR physical presence	MINIMUM MANAGERAL
this 13th day of June , 20 94.	COMMISSION
Personally Known OR Produced Identification	*
Type of Identification Produced: FLDC	TO 18 18 1087409 **
DS-DE 302NP (Eff. 10/2023)	WHY 087499  **** OFFICE Underwind Column Rule 1S-2.0001, F.A.C.
	STATE OF THE STATE

Phonetic Spelling of Name		
		ourposes): Print the name phonetically on the line below as you ons with disabilities (see instructions on page 3 of this form):
Statemen	nt of Outstanding	Fines, Fees or Penalties
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)(a), 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. In 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  I am over the age of eighteen (18) and the contents of this affidavit are true and correct.  My nickname is  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:  STATE OF FLORIDA		
Amount		Entity 1997
		= fb.
A 55: Jan 14: -5 NI	-1	
Allidayit of Ni	ckname (Only requ	ired it using nickname for the ballot.)
		I am over the age of eighteen (18) and the contents of this
anidavit are tide and correct.		
of my legal name. I have not created the n		s. My nickname does not imply I am some other person, constitute
a pointage of the control of the con	11111 4 54455 51 15545, 51	and to opposite of productor
./		The second secon
Signature of Candidate:	11/1-11/1	
STATE OF FLORIDA		
COUNTY OF	_	Signature of Notary Public
Sworn to (or affirmed) and subscribed before	re me by means	Print, Type, or Stamp Commissioned Name of Notary Public below:
of online notarization OR physic	al presence	
this day of	, 20	
Personally Known OR Produced	Identification	
Type of Identification Produced:	V' 3. 3	
E A CONTROL TO	W SI S	
DS-DE 302NP (Eff. 10/2023)	2.1.28	Rule 1S-2.0001, F.A.C.

Tommer Al Street

### 2023 Form 1 - Statement of Financial Interests

**General Information** 

Name:

Mrs Shelley C Brummett

Address:

7672 GULF BLVD, NAVARRE, FL 32566

County:

Organization

Suborganization

Title

N/A

**CANDIDATE FOR** 

Position Agency Name Position sought or held

Special District Commissioner, Navarre Beach Fire Rescue

Seat 2

District

### **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
Levin Rinke Real Estate	220 W. Garden St Pensacola, FL 32562	Realtor
Soouthern Shore Realty	1961 Hwy 87 Navarr, FL 32563	Rental Property

### **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

2916 Hidden Bay Blvd Navarre, FL 32566

# **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
N/A	

### 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	
N/A		

### **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

# **Signature of Filer**

# Shelley C Brummett

Digitally signed: 06/13/2024