

**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.

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2024 JAN 16 PM 4:09

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

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)

Edward E. Brimner

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

46 Nine Gables Ln, Crawfordville, FL 32327

4. Telephone:

(850) 284-4390

5. Candidate's Voter Registration #:

108822228

(not required for qualifying purposes)

6. Email Address:

edbrimner@live.com

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

Wakulla County Property Appraiser

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. ☒ Republican Party candidate.

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

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Edward E. Brimner

12. Telephone:

(850) 284-4390

13. Email Address:

edbrimner@live.com

14. Mailing Address:

46 Nine Gables Ln

15. City:

Crawfordville

16. State:

FL

17. Zip Code:

32327

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

19. Name of Bank:

Prime Meridian Bank

20. Address:

2201 Crawfordville Hwy

21. City:

Crawfordville

22. County:

Wakulla

23. State:

Florida

24. Zip Code:

32327

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: January 16, 2024

26. Signature of Candidate:

X 

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

I, Edward E. Brimner do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: January 16, 2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

I, Edward E. Brimner ,
candidate for the office of Wakulla County Property Appraiser ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Edward E. Brimner
Signature of Candidate

January 16, 2024
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
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

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2024 JUN 12 AM 9:19

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

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Candidate Oath

Name to appear on ballot: Ed Brinner

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 office of Wakulla County Property Appraiser
(Office) (District #)
; I am a qualified elector of Wakulla 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 Party

I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

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 Edward Brinner (850) 284-4390 edbrinner@Live.com
Signature of Candidate Telephone Number Email Address
46 NINE Gables Ln Crawfordville FL 32327
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

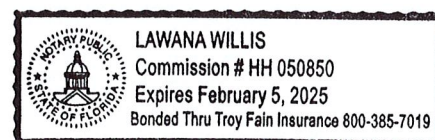
this 12 day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Lawana Willis
Signature of Notary Public

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



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

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SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

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

My legal name is Edward E. Brimmer. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Ed Brimmer. 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 Edward E. Brimmer

STATE OF FLORIDA

COUNTY OF Wakulla

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

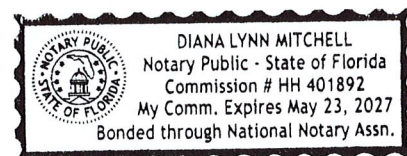
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 12 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
*Deputy Executive Director/
General Counsel*

(850) 488-7864 Phone
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325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

"A Public Office is a Public Trust"

VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Mr Edward E Brimmer
Filer PID #: 100343

Date Filed: 6/4/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 962410

Receipt Print Date: 6/6/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridathics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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2024 JUN -6 PM 3:49
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WAKULLA COUNTY FLORIDA

