



... from the Office of the City Clerk

## M E M O R A N D U M

TO: 2018 City Election Candidates

FROM: Linda F. Goff, CMC, City Clerk

SUBJECT: Candidate Forms

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All forms contained within this Candidate Handbook, with the exception of the Candidate Application to Qualify for Election to Office, are available through the State of Florida, Division of Elections webpage:

<http://election.dos.state.fl.us/>

Click Forms & Publications, and then Forms. Select County Candidates under Form Categories CANDIDATE FORMS. Select the appropriate form, and you can complete the form and then print it, or you can print it and fill it out. You may not save the completed form, but can print it for filing with the City Clerk.

You may be interested in accessing forms on this webpage, such as:

Appointment of Campaign Treasurer and Designating Bank (DS-DE9)

Loyalty Oath (DS-DE 24B)

Statement of Candidate (DS-DE 84)

Campaign Treasurer's Report Summary (DS-DE 12)

Itemized Contributions (DS-DE 13)

Itemized Expenditures (DS-DE 14)

Request for Return of Contributions (DS-DE 86)

Contributions Returned (DS-DE 2)

Campaign Loans Report (DS-DE 73)

Campaign Loans Report Itemized (DS-DE 73A)

Waiver of Report (DS-DE 87)

The Statement of Financial Interests form (Form 1) is also available on the Division of Ethics Webpage:

<http://www.ethics.state.fl.us>

Again, you may not save the completed form, but it can be printed to file with the City Clerk.

**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.**

**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)

4. Telephone

5. E-mail address

(      )

6. **Office sought** (include district, circuit, group number)

7. **If a candidate for a nonpartisan office, check if applicable:**

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

11. Mailing Address

12. Telephone

(      )

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

**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**

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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

**X**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH -  
CANDIDATE WITH NO PARTY AFFILIATION**

**OFFICE USE ONLY**

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, \_\_\_\_\_  
(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 with no party affiliation for the office of \_\_\_\_\_, \_\_\_\_\_,  
(office) (district #)  
\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of \_\_\_\_\_ County, Florida;  
(circuit #) (group or seat #)

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**

( )

Signature of Candidate

Telephone Number

Email Address

Address

City

State

Zip Code

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

\* 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):  
\_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

**Sworn to (or affirmed) and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

Personally Known: \_\_\_\_\_ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
**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.*

## Samples:

PRONUNCIATION KEY Stressed Vowel Sounds	
EE	(FEET) <i>feet</i>
I	(FIT) <i>fit</i>
E	(BED) <i>bed</i>
A	(KAT) <i>cat</i> (KAD) <i>cad</i>
AH	(FAH-thur) <i>father</i> (PAHR) <i>par</i>
AH	(HAHT) <i>hot</i> (TAH-dee) <i>toddy</i>
UH	(FUHJ) <i>fudge</i> (FLUHD) <i>flood</i>
UH	(CHUHRCH) <i>church</i>
AW	(FAWN) <i>fawn</i>
U	(FUL) <i>full</i>
OO	(FOOD) <i>food</i>
OU	(FOUND) <i>found</i>
O	(FO) <i>foe</i>
EI	(FEIT) <i>fight</i>
AI	(FAIT) <i>fate</i>
OI	(FOIL) <i>foil</i>
YOO	(FYOOR-ee-uhs) <i>furious</i>

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) <i>sofa</i> (FING-guhr) <i>finger</i>

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

Consonant Sounds			
B	(BED) <i>bed</i>	TS	(ITS) <i>its</i> (PITS-feeld) <i>Pittsfield</i>
D	(DET) <i>debt</i>	TH	(THEI) <i>Thigh</i>
F	(FED) <i>fed</i>	TH	(THEI) <i>Thy</i>
G	(GET) <i>get</i>	ZH	(A-zuhr) <i>azure</i> (VI-zuhnn) <i>vision</i>
H	(HED) <i>head</i>	Z	(GOODZ) <i>goods</i> (HUH-buhz-tuhn) <i>Hubbardston</i>
HW	(HWICH) <i>which</i>		
J	(JUHG) <i>jug</i>		
K	(KAD) <i>cad</i>		
L	(LAIM) <i>lame</i>		
M	(MAT) <i>mat</i>		
N	(NET) <i>net</i>		
NG	(SING-uhr) <i>singer</i>		
P	(PET) <i>pet</i>		
R	(RED) <i>red</i>		
S	(SET) <i>set</i>		
T	(TEN) <i>ten</i>		
V	(VET) <i>vet</i>		
Y	(YET) <i>yet</i>		
W	(WICH) <i>witch</i>		
CH	(CHUCRCH) <i>church</i>		
SH	(SHEEP) <i>sheep</i>		

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

**STATEMENT OF  
CANDIDATE**

**(Section 106.023, F.S.)**

(Please print or type)

**OFFICE USE ONLY**

I, \_\_\_\_\_ ,  
candidate for the office of \_\_\_\_\_ ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
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).

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) \_\_\_\_\_  
Name

(2) \_\_\_\_\_  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Report Type: \_\_\_\_\_

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Loans \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

In-Kind \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Transfers to Office Account \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_

## (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

**X** \_\_\_\_\_

Signature

(Type name) \_\_\_\_\_

Candidate     Chairperson (only for PC and PTY)

**X** \_\_\_\_\_

Signature

## Instructions for Campaign Treasurer's Report Summary

- (1) Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.
  - (2) Address:** the full address or post office box, city, state, and zip code.  
 Check the box if the address has changed since the last report filed.
  - (3) ID Number:** identification number assigned by the filing officer.
  - (4) Check the appropriate box(es).**
  - (5) Report Identifiers**  
**Cover Period:** the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.  
**Report Type:** refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).  
**Check one of the appropriate boxes:**  
 Original: first report filed for this reporting period.  
 Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.  
 Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.
  - (6) Contributions This Report:**  
Cash and Checks: total amount for this reporting period.  
Loans: total amount for this reporting period.  
Total Monetary: sum of Cash and Checks and Loans.  
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.
  - (7) Expenditures This Report:**  
Monetary Expenditures: total amount of monetary expenditures for this reporting period.  
Transfers to Office Account: total amount transferred to an office account by elected candidates only.  
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.
  - (8) Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.
  - (9) TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
  - (10) TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
  - (11) Type or print the required officer's name and have them sign the report:**  
 Candidate report: treasurer and candidate must sign.  
 PC report: treasurer and chairperson must sign.  
 PTY report: treasurer and chairperson must sign.  
 ECO report: organization's treasurer must sign.  
 IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)
- AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.**



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
/ /							
/ /							

## INSTRUCTIONS FOR CAMPAIGN TREASURER’S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate’s full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer’s reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g.,   1   of   3  ).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.  
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:  
Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:  
**NOTE: Cash includes cash and cashier’s checks.**

Code	Description
CAS	Cash or Cashier’s Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

- (10) Type the description of any in-kind contribution received.  
**Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".**
- (11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.  
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.  
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.
- (12) Type amount of contribution received. **Political Committees ONLY**: Multiple uniform contributions from the same person, aggregating NMT \$250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

## INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).
- (2) Identification number assigned by the filing officer.
- (3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date of expenditure (Month/Day/Year).
- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Full name and address of entity receiving payment (including city, state and zip code).
- (8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

Name

Office Sought

Address

City

State

Zip Code

Candidate

Political Committee

Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

Check here if address has changed since last report.

Check here if PC has DISBANDED and will no longer file reports.

## TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M \_\_\_\_\_

Indicate report #

P \_\_\_\_\_

Indicate report #

G \_\_\_\_\_

Indicate report type and #  
as applicable:

\_\_\_\_\_

TERMINATION REPORT

SPECIAL ELECTION

## NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

\_\_\_\_\_ THROUGH \_\_\_\_\_

X

Signature

Date

X

Signature

Date

### REQUIRED SIGNATURES FOR:

#### Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

# CAMPAIGN LOANS REPORT ITEMIZED

Page \_\_\_\_\_ of \_\_\_\_\_

(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>



# CAMPAIGN LOANS REPORT

(Section 106.075, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies to all candidates ELECTED to office who had loans exceeding \$500 in value, which were accepted and used for campaign purposes within the 12 months preceding the election. All such loans must be reported to the filing officer within 10 days after the candidate's election to office.

\_\_\_\_\_  
Full Name of Newly Elected Official

\_\_\_\_\_  
Office

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I CERTIFY THAT I HAVE EXAMINED THIS REPORT  
AND IT IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
Type or Print Name of Newly Elected Official

**X**

\_\_\_\_\_  
Signature

# CONTRIBUTIONS RETURNED

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
Type or Print Name of Candidate, Treasurer or Chairman

**X** \_\_\_\_\_  
Signature

# REQUEST FOR RETURN OF CONTRIBUTION

(Section 106.021, F.S.)

(PLEASE TYPE)

I, \_\_\_\_\_,  
hereby request that the pro rata share of my contribution to the  
campaign of \_\_\_\_\_ as a  
candidate for the office of \_\_\_\_\_  
be returned to me pursuant to Section 106.021(1)(a), Florida Statutes.

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

# CONTRIBUTIONS RETURNED

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
Type or Print Name of Candidate, Treasurer or Chairman

**X** \_\_\_\_\_  
Signature

# CAMPAIGN LOANS REPORT

(Section 106.075, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies to all candidates ELECTED to office who had loans exceeding \$500 in value, which were accepted and used for campaign purposes within the 12 months preceding the election. All such loans must be reported to the filing officer within 10 days after the candidate's election to office.

\_\_\_\_\_  
Full Name of Newly Elected Official

\_\_\_\_\_  
Office

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I CERTIFY THAT I HAVE EXAMINED THIS REPORT  
AND IT IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
Type or Print Name of Newly Elected Official

**X**

\_\_\_\_\_  
Signature

# CAMPAIGN LOANS REPORT ITEMIZED

Page \_\_\_\_\_ of \_\_\_\_\_

(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>

# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

Name

Office Sought

Address

City

State

Zip Code

Candidate

Political Committee

Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

Check here if address has changed since last report.

Check here if PC has DISBANDED and will no longer file reports.

## TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M \_\_\_\_\_

Indicate report #

P \_\_\_\_\_

Indicate report #

G \_\_\_\_\_

Indicate report type and #  
as applicable:

\_\_\_\_\_

TERMINATION REPORT

SPECIAL ELECTION

## NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

\_\_\_\_\_ THROUGH \_\_\_\_\_

X

Signature

Date

X

Signature

Date

### REQUIRED SIGNATURES FOR:

#### Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.