OFFICE: OCEAN CITY-WRIGHT FIRE DISTRICT COMMISSIONER

Term of office is four years for seats 2, & 4.

WHERE TO QUALIFY: Supervisor of Election's Offices

Buddy Brackin Bldg. Okaloosa County Administration Bldg.

302 N. Wilson St., Suite 102 1250 Eglin Parkway, Suite 103

Crestview, FL 32536-3440 Shalimar, FL 32579

QUALIFYING FEE: \$25 payable to Supervisor of Elections with a check or cash.

OR Qualifying for office may be done by obtaining 25 valid petition signatures

of voters in the geographical area represented by the office sought.

QUALIFYING FORMS AND REQUIREMENTS:

DS-DE 9 Appointment of Campaign Treasurer CE Form 1 Statement of Financial Interests

DS-DE 302NP Candidate Oath

DS-DE 84 Statement of Candidate

DATES: General Election – November 3, 2020 Qualifying - Noon, June 8 - Noon, June 12, 2020

Qualifying paperwork may be submitted to our office up to 14 days prior to qualifying week.

Qualifying Documents Instructions

DS-DE 9 APPOINTMENT OF CAMPAIGN TREASURER – If you have already filed this document during pre-filing you do not need to file another one. This form must be filed with our office **before** you open a campaign account. Blocks 18 - 24 are for the bank you intend to use when you open your account.

DS-DE 84 STATEMENT OF CANDIDATE – <u>If you have already filed this document during pre-filing you do not need to file another one.</u> If you have not read Chapter 106 of the Florida Statutes you are allowed to take up to 10 days after filing the DS-DE 9 Appointment of Campaign Treasurer to read Chapter 106 of the Florida Statutes and then file this document.

STATEMENT OF CANDIDATE REQUIREMENT – If you have already filed a DS-DE 84 Statement of Candidate during pre-filing you do not need to file this document. If you have already read Chapter 106 of the Florida Statutes and you are filing a DS-DE 84 Statement of Candidate with your qualifying paperwork you do not need to file this document. If you are going to take some time (up to 10 days) to read Chapter 106 of the Florida Statutes after filing your DS-DE 9 Appointment of Campaign Treasurer but before filing your DS-DE 84 Statement of Candidate you will need to file this document. This document records the date your 10 days start and the date the signed DS-DE 84 Statement of Candidate is due.

DS-DE 302NP CANDIDATE OATH – PARTISAN OFFICE – This document must be notarized. Our office can notarize this for you free of charge. If you want us to notarize this for you please wait until you are in front of the notary public in our office before signing the document.

CE FORM 1 STATEMENT OF FINANACIAL INTERESTS – Instructions are provided in the packet for completing and filing this document. *If you have questions about filling out this form please direct them to the Florida Commission on Ethics at (850) 488-7864.*

EQUIPMENT TEST NOTICE RECEIPT – Our office extends an invitation to every candidate to attend the logic and accuracy testing of the equipment that will be in service for the General election. This can be found in your packet. We have you sign the Equipment Test Notice Receipt acknowledging you have received the invitation.

PETITIONS OR QUALIFYING FEE – To qualify as a candidate for a special district you have the option of collecting 25 signatures from voters in the geographical area represented by the office you are seeking or you can pay a \$25 qualifying fee. You do not have to open a campaign account to pay your qualifying fee if you are running for a special district. You are allowed to pay by personal check or cash. Be aware that if you plan to spend money on your campaign other than the qualifying fee you must open a campaign account.

The other documents in the qualifying packet are informational.



Dear Candidate:

Congratulations on entering the political arena as a candidate. Public service is often not given the value it really deserves, yet it is the lifeblood of our representative government. You are to be commended for wanting to serve.

Our office is here to provide you with all the information, paperwork, and technical assistance that you may need, however, we cannot get involved in campaign management and the political side of campaigns.

Electronic filing of campaign reports is now required. We provide free computer access and training, and we believe you will find electronic filing much to your advantage, as the program actually prevents many common errors. Again, we will provide as much technical assistance as needed.

Best wishes for a successful campaign!

Sincerely,

Paul Lux, CERA

Okaloosa County Supervisor of Elections

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.

2. Name of Candidate (in this order: First, Middle, Last) 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 My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate Party candidate. Party candidate. Party candidate. On Name of Treasurer or Deputy Treasurer Deputy Treasurer Deputy Treasurer	officer before opening the	e campa	ign account.						OFFICI	E USE ONL
2. Name of Candidate (in this order: First, Middle, Last) 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 My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate Party candidate Party candidate On Name of Treasurer or Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone	1. CHECK APPROPRIATE	BOX(E	S):							
4. Telephone ()	Initial Filing of Form	Re	-filing to Change:	Ti	reasurer	Deputy [Depositor	у 🗌	Office	Par
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	2. Name of Candidate (in t	his orde	r: First, Middle, La	ast)			de post office	e box or s	street, city,	state, zip
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 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	4. Telephone	5. E-ma	il address							
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 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	()									
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 candidate. Write-In	6. Office sought (include of	listrict, ci	rcuit, group numb	oer)				nonpart	isan office	, check if
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						applica		s to run a	s a Write-I	n candidate
Write-In No Party Affiliation				1 (11)			-			
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 THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate	8. If a candidate for a part	<u>isan</u> off	ice, check block 	and fill	ın name	e of party as	applicable:	My inte	ent is to rui	ı as a
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 9. 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 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, (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.	Write-In No I	Party Aff	liation					Pa	irty cand	didate.
11. Mailing Address 12. Telephone (9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
13. City	10. Name of Treasurer or D	eputy Ti	easurer							
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18. I have designated the following bank as my				1				()	
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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER 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,	19. Name of Bank				20. Add	ress				
25. Date 26. Signature of Candidate X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I,	21. City		22. County			23. State			24. Zip C	ode
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I,		,								EASURER AN
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	25. Date				26. Sign	nature of Car	ndidate			
I,, do hereby accept the appointment (Please Print or Type Name) designated above as:					X					
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.	27. Treasure	er's Acc	eptance of Appo	intment	(fill in th	e blanks and	d check the a	ppropriat	te block)	
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.										
X		(Pleas	se Print or Type N	Name)			, do note	wy accep	λι τι ο αρρο	Hariont
	designated above as: Campaign Treasurer Deputy Treasurer.									
				X						
Date Signature of Campaign Treasurer or Deputy Treasurer	Date)	<u> </u>	/\	Signatu	re of Campa	ign Treasure	r or Depu	ıty Treasur	er

Rule 1S-2.0001, F.A.C. DS-DE 9 (Rev. 10/10)

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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l,	
candidate for the office of	
have been provided access to read and understand	I the requirements of
Chapter 106, Florida Statutes.	
X	
Signature of Candidate	Date
Each candidate must file a statement with the qualifying of Appointment of Campaign Treasurer and Designation of Campailure to file this form is a first degree misdemeanor and a Financing Act which may result in a fine of up to \$1,000, (ss. 1 Statutes).	paign Depository is filed. Willful civil violation of the Campaign

NOTICE TO:	CANDIDATES					
FROM:	PAUL LUX SUPERVISOR OF EL	PAUL LUX SUPERVISOR OF ELECTIONS				
SUBJECT:	STATEMENT OF CA	STATEMENT OF CANDIDATE REQUIREMENT				
ten days, I am red		reasurer form and understand that, within 06 of the Florida Statutes and file a or of Elections office.				
I have received to	he Statement of Candidat	e form and have been provided access to				
Chapter 106.						
Signature of Can	didate	Today's Date				
Supervisor of Ele	ections / Deputy	Due Date:				



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 vrite-in candidate:
Write-in candidate

			OFFICE USE ONLY
	Candid	ate Oath	
		(a), Florida Statutes)	
I			
hyphen, check box . (See	e page 2 - Compound Last i	. If your last name consists of t Names). No change can be ma ballot, the name must be printed	
am a candidate for the nonpartisa	an office of		,
•		(Office)	(District #)
	: I am a qualified elector of		County, Florida;
(Circuit #) (Group or Seat	#)		Oddnty, i londa,
Laws availitied and at the Constitu	tion and the Laure of Floride t		en to be manyimated as alcotody l
I am qualified under the Constitu			
have qualified for no other public		• •	
I seek; and I have resigned from	any office from which I am r	equired to resign pursuant to Se	ection 99.012, Florida Statutes;
and I will support the Constitution	of the United States and the	Constitution of the State of Flor	rida.
Phonetic spelling for audio ball ballot as may be used by persons			
X	()		
Signature of Candidate	Telephone Number		Email Address
Address	City	State	ZIP Code
STATE OF FLORIDA			
COUNTY OF		Signature of Notary Public Print, Type, or Stamp Commissione	
Sworn to (or affirmed) and subsc	ribed before me this		
day of, 20)		
Personally Known: or Produced	dentification:		
Type of Identification Produced:			

Compound Last Names

If your <u>last</u> 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) sofa (FING-guhr) finger	
I	(FIT) fit			
Е	(BED) bed			
Α	(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	Certair	Nowel Sounds with R	
U	(FUL) f <i>u</i> ll	AHR	(PAHR) p <i>ar</i>	
00	(FOOD) food	ER	(PER) p <i>air</i>	
OU	(FOUND) found	IR	(PIR) peer	
0	(FO) foe	OR	(POR) pour	
El	(FEIT) fight	OOR	(POOR) poor	
Al	(FAIT) fate	UHR	(PUHR) purr	
OI	(FOIL) foil			
YOO	(FYOOR-ee-uhs) furious			

Consonants				
В	(BED) bed	R	(RED) red	
D	(DET) debt	S	(SET) set	
F	(FED) fed	T	(TEN) ten	
G	(GET) get	V	(VET) vet	
Н	(HED) head	Υ	(YET) yet	
HW	(HWICH) which	W	(WICH) witch	
J	(JUHG) <i>j</i> ug	CH	(CHUCRCH) church	
K	(KAD) cad	SH	(SHEEP) sheep	
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield	
М	(MAT) mat	TH	(THEI) <i>Th</i> igh	
N	(NET) net	TH	(THEI) <i>Th</i> y	
NG	(SING-uhr) si <i>ng</i> er	ZH	(A-zhuhr) azure (VI-zhuhn) vision	
Р	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston	

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)		

FORM 1

STATEMENT OF

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	v	_	_

Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID	DLE NAME :		_
MAILING ADDRESS :			
CITY:	ZIP: COUNTY:		
NAME OF AGENCY :			
NAME OF OFFICE OR POSITION I	ELD OR SOUGHT :		
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTION MUS		
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR L		DS, WHICH ARE USUALL	DOLLAR VALUES, WHICH REQUIRES Y BASED ON PERCENTAGE VALUES
	PERCENTAGE) THRESHOLDS		AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF	INCOME [Major sources of income to the	he reporting person - See instr	ructions]
(If you have nothing to r	eport, write "none" or "n/a")		
(If you have nothing to r NAME OF SOURCE OF INCOME	SOU	RCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE	SOU	RCE'S	
NAME OF SOURCE	SOU	RCE'S	
NAME OF SOURCE	SOU	RCE'S	
NAME OF SOURCE OF INCOME PART B SECONDARY SOURCES [Major customers, clients	SOU	RCE'S PRESS	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME PART B SECONDARY SOURCES [Major customers, clients	OF INCOME and other sources of income to business	RCE'S PRESS	PRINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCE: [Major customers, clients (If you have nothing to NAME OF	OF INCOME and other sources of income to business eport, write "none" or "n/a") NAME OF MAJOR SOURCES	RCE'S PRESS ses owned by the reporting per	PRINCIPAL BUSINESS ACTIVITY rson - See instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCE: [Major customers, clients (If you have nothing to NAME OF	OF INCOME and other sources of income to business eport, write "none" or "n/a") NAME OF MAJOR SOURCES	RCE'S PRESS ses owned by the reporting per	PRINCIPAL BUSINESS ACTIVITY rson - See instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCE: [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land	OF INCOME and other sources of income to business eport, write "none" or "n/a") NAME OF MAJOR SOURCES	RCE'S RESS ses owned by the reporting per ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY rson - See instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCE: [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Land	OF INCOME and other sources of income to business report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	RCE'S RESS ses owned by the reporting per ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY rson - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE You are not limited to the space on the lines on this form. Attach additional

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 position (If you have nothing to report, write "none" or "n/a")	ons in certain types of businesses - See instructions] SS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	BOOMEGO ENTIT // 2				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	s				
NATURE OF MY OWNERSHIP INTEREST	FURE 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 O	N A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILER: Signature: CPA or ATTORNEY SIGNATURE If a certified public accountant licensed under Chap in good standing with the Florida Bar prepared this she must complete the following statement:					
Date Signed:	I,				

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filling 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

WHO MUST FILE FORM 1:

- 1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.
- 2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.
- 3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.
- 4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.
- 5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits, and the Pinellas County Construction Licensing Roard
- 6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board
- 7) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance

- director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$35,000 for the local governmental unit.
- 8) Officers and employees of entities serving as chief administrative officer of a political subdivision.
- 9) Members of governing boards of charter schools operated by a city or other public entity.
- 10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.
- 11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.
- 12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title
- 13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.
- 14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.
- 15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$35,000.
- 16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

INSTRUCTIONS FOR COMPLETING FORM 1:

INTRODUCTORY INFORMATION (Top of Form): If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, <u>and contact your agency's financial disclosure coordinator</u>. You can find your coordinator on the Commission on Ethics website: www.ethics. state.fl.us.

NAME OF AGENCY: The name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

DISCLOSURE PERIOD: The "disclosure period" for your report is the calendar year ending December 31, 2019.

OFFICE OR POSITION HELD OR SOUGHT: The title of the office or position you hold, are seeking, or held during the disclosure period <u>even if you have since left that position</u>. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. <u>Your Social Security Number is not required and you should redact it from any documents you file</u>. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address is exempt from disclosure, the Commission will maintain that confidentiality <u>if you submit a written request</u>.

MANNER OF CALCULATING REPORTABLE INTEREST

Filers have the option of reporting based on <u>either</u> thresholds that are comparative (usually, based on percentage values) <u>or</u> thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. <u>You must use the type of threshold you have chosen for each part of the form.</u> In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s). The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law)
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list <u>each individual company</u> from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); *and*.
- (2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(6), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

(End of Dollar Value Thresholds Instructions.)

IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s), but income from these public sources should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples

- If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list <u>each individual company</u> from which you derived

more than 5% of your gross income. Do not aggregate all of your investment income.

- If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A, "Primary Sources of Income," if it meets the reporting threshold. You will **not** have anything to report **unless** during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); *and*,
- (2) You received more than 10% of your gross income from that business entity; *and*,
- (3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes, if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: To determine whether the intangible property exceeds 10% of your total assets, total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, it is not a contingent liability.

Calculations: To determine whether the debt exceeds your net worth, total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." List each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Example: You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145, F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

(End of Percentage Thresholds Instructions.)

Candidate Forms and Publications Information

FORMS

The forms of interest to candidates that can be found on the Candidate DSDE Forms page on our Okaloosa County Supervisor of Elections website:

http://www.govote-okaloosa.com include but are not limited to the following:

- Appointment of Campaign Treasurer (DS-DE 9)
- Loyalty Oath (DS-DE 24)
- Statement of Candidate (DS-DE 84)
- Campaign Treasurer's Report (DS-DE 12)
- Waiver of Report (DS-DE 87)
- Candidate Petition Form (DS-DE 104)
- How to File Financial Reports Online
- Download Election Files

If you don't see the form you are looking for in the above list, please visit the Okaloosa County Supervisor of Elections website and take a look. You will find a number of other forms there.

If you are looking for Financial Disclosure Forms, they can be found on the Florida Commission on Ethics website: http://www.ethics.state.fl.us/forms.html. The Florida Commission on Ethics website can also be reached through our Okaloosa County Supervisor of Elections website:

http://www.govote-okaloosa.com. Click on HELPFUL LINKS --> Florida Commission on Ethics.

Once on the Florida Commission on Ethics website, click on Forms to find:

- Form 1 (Statement of Financial Interests)
- Form 1F (Final Statement of Financial Interests)
- Form 6 (Full and Public Disclosure of Financial Interests)

*** Reminder: Forms are year-specific so make sure you get the right one! ***

PUBLICATIONS

Publications contain a lot of useful information for candidates and committees. These publications can be found on the Florida Division of Elections website:

http://election.dos.state.fl.us/publications/publications.shtml. As stated above, the Florida Division of Elections website can also be reached through our Okaloosa County Supervisor of Elections website:

http://www.govote-okaloosa.com. Click on HELPFUL LINKS → Florida Division of Elections.

Once you are on the Florida Division of Elections website, click on Forms & Publications \rightarrow Publications or click on Opinions/Rules/Laws/Directives \rightarrow Florida Laws and Procedures to find a number of useful publications including:

- Candidate and Campaign Treasurer Handbook
- Candidate Petition Handbook
- Election Dates to Remember
- Election Laws (INCLUDES CHAPTER 106 CAMPAIGN FINANCING)

OKALOOSA COUNTY SUPERVISOR OF ELECTIONS DATA PRICE LIST 4/13/17

Voter Registration Records are public records except for Driver's License and Social Security Number

Lists Of Active Registered Voters Include:

Mailing Address Date of Registration Race* Sex*

Residence Address Party Voting History (available on Request)

Date of Birth Precinct and Districts

<u>Lists And Labels May Include All Of The Following Or May Be Sorted To:</u>

Voters of specific parties

Voters with out-of-county mailing addresses

Voters with in-county mailing addresses

Voters who have requested Vote by Mail ballots

Vote by Mail addresses available to only Candidates & Parties

Voters in all or specific precincts

Voters in specific districts (FL House, FL Senate, County, City, School, Fire or Special)

New registrations in a specific date range

Electors who voted in a specific election

Precinct walk lists (Residence Address by Precinct)

Services & Materials Rates

Voter lists	
Voter labels	\$.05 per label (we supply labels)
CD	\$5.00 for full list or list over 10 M
Emailed files (under 10 M)	No Charge
Verification of Signatures	\$.10 per name

Also Available:

Past election data, Voter statistics, Candidate Inform	ation
Copies	\$.15 one-sided, \$.20 two-sided copies
FAX	\$1.00 per page
Chapters 99, 105 & 106 Florida Statutes Booklet	
Florida Election Code	No charge**
Candidate Handbook	No charge**
GIS Large Map	\$10.00***

^{**}Available online to download or print through Florida Division of Elections website. http://dos.myflorida.com/elections/forms-publications/publications/

All materials and services must be paid for when received or in advance if mailing.

All materials and services furnished to a candidate **should be paid for by campaign account check**.

Make checks payable to: Supervisor of Elections, Okaloosa County.

^{*}This information is accurate only through December 1994. Sex and race are optional effective January 1995.

^{***}Countywide District Maps available online http://gis.okaloosafl.com/gis/index.php/maps/election

RULES AND REGULATIONS FOR CHECKING RECORDS

Because space is limited in our office for candidates desiring to check the voting records, you are requested to abide by the following rules in the interest of fairness to all:

- 1. Records may only be checked under the supervision of a staff member. For this reason, we ask that you make an appointment in advance or be kind enough to wait until personnel/space become available.
- 2. The area available for checking records will be on a first-come, first-served basis for walk-ins. Candidates themselves will be given first priority and volunteers second. For example, if a candidate is using all the spaces available with volunteers, and another candidate needs space to work, one of the volunteers will have to relinquish his space. Should a person using a space leave, he loses his space if others are waiting.
- 3. Because of the real possibility of records being misfiled, misplaced, or misalphabetized, we ask that you do not remove records from the trays or folders.
- 4. When two or more volunteers/candidates are working together, calling names out loud or other talking may interfere with the office work and employees' concentration.
- 5. All candidates/volunteers must follow the office rules concerning appropriate dress, no smoking or eating, etc. Other walk-in customers are not aware as to who are workers and who are guests.

We are here to serve you to the utmost of our ability and will do our best to be cooperative and helpful as possible. Please do not hesitate to ask any questions concerning these procedures or seek additional assistance.



2020 Calendar of Reporting Dates

Cover Period	Report Code	<u>Due Date</u>
05/01/20 - 05/31/20	2020 M5	06/10/2020
06/01/20 – 06/12/20	2020 P1	06/19/2020
06/13/20 – 06/26/20	2020 P2	07/03/2020
06/27/20 – 07/10/20	2020 P3	07/17/2020
07/11/20 - 07/17/20	2020 P4	07/24/2020
07/18/20 - 07/24/20	2020 P5	07/31/2020
07/25/20 – 07/31/20	2020 P6	08/07/2020
08/01/20 - 08/13/20	2020 P7	08/14/2020
08/14/20 - 08/21/20	2020 G1	08/28/2020
08/22/20 - 09/04/20	2020 G2	09/11/2020
09/05/20 - 09/18/20	2020 G3	09/25/2020
09/19/20 - 10/02/20	2020 G4	10/09/2020
10/03/20 – 10/16/20	2020 G5	10/23/2020
10/17/20 – 10/29/20	2020 G6	10/30/2020

Important Notice

TO: Candidates

FROM: Paul Lux

Supervisor of Elections

RE: Electronic Tabulation Equipment Testing – 2020 General Election

The electronic tabulation equipment which will be in service for the November 3, 2020 General election will be tested on:

Wednesday, October 14, 2020 8:00 a.m. (Early Voting & Precinct Equipment)

The L&A test will be held at the **Supervisor of Elections Warehouse**, **5479 Old Bethel Road**, **Crestview**, **FL 32539**, and will be legally advertised no later than 48 hours prior to the testing date and time.

Important Notice

	ledge that I have receive ng the electronic tabulat	d a copy of the above listed notice ion equipment testing.
		d a converthe above listed notice
	4, 2020 8:00 a.m. ing & Precinct Equipment)	Supervisor of Elections Warehouse 5479 Old Bethel Rd. Crestview, FL 32539
	onic tabulation equipment veral Election will be tested o	which will be in service for the November 3 on:
RE:	Electronic Tabulation Ed	quipment Testing – 2020 General Election
	Supervisor of Elections	



CANDIDATE QUALIFYING PETITION FOR
FOR

Pursuant to the		charter and election ordinance and the Elec	charter and election ordinance and the Election Code of the State of Florida (Chap 97-106 F.S.),
This election is to be held	eld	as a candidate rot the office of We, the undersigned, are qualified electors of the City/Town of	electors of the City/Town of,
County of Okaloosa and State of Florida.	d State of Florida		
NUMBER	DATE	NAME (Please print legibly)	OKALOOSA COUNTY RESIDENCE ADDRESS
1.		Print:	
		Signature:	
2.		Print:	
		Signature:	
3.		Print:	
		Signature:	
4.		Print:	
		Signature:	
5.		Print:	
		Signature:	
6.		Print:	
		Signature	
7.		Print:	
		Signature:	
8.		Print:	
		Signature:	

I do solemnly swear that I witnessed each person sign the above petition on the date indicated.

Signature of Circulator

PLEASE BRING THE FOLLOWING PAPERS TO THE SUPERVISOR OF ELECTIONS OFFICE DURING QUALIFYING

NOON - Monday, June 8 - Noon - Friday, June 12, 2020

APPOINTMENT OF CAMPAIGN TREASURER
STATEMENT OF CANDIDATE
STATEMENT OF CANDIDATE RECEIPT
CANDIDATE OATH (NOTARIZED)
FORM 1
EQUIPMENT TEST NOTICE RECEIPT
PETITIONS OR QUALIFYING FEE

Special Districts QUALIFYING CHECKLIST NOON, June 8 – NOON, June 12, 2020

Candid	ate's Name
Office	Sought
_	Appointment of Campaign Treasurer (DS-DE 9)
_	Statement of Candidate (DS-DE 84)
_	Candidate Oath (DS-DE 302NP) NON-PARTISAN
_	Label
_	Recording
_	Form 1 Financial Disclosure
_	Equipment Testing Notice
-	Check or Cash \$25
_	Issue Receipt for Qualifying Check
OR	
_	Petitions 25
	SOE or Deputy
Note:	Timestamp all qualifying paperwork