



2024 QUALIFYING CHECKLIST FOR COUNTY COMMISSION CANDIDATES
(No Party Affiliation)

Required Forms

- DS-DE 9- Appointment of Campaign Treasurer and Designation of Campaign Depository
- DS-DE 84- Statement of Candidate
- DS-DE 301B- Candidate Oath State & Local Partisan Office (Without Party Affiliation)
 - Candidate Oath is notarized

Note: Candidate's name will appear on the ballot as it is written on the candidate oath (Form DS-DE 301B)

- Form 6- Copy or confirmation of receipt 2023 Full & Public Disclosure of Financial Interests

Note: All disclosures must be filed electronically with the Commission on Ethics via the [Electronic Financial Disclosure Management System](#).

Qualifying Method

- Qualifying Fee Amount: **\$4,806.56**
 - Campaign Check
 - Signed by Treasurer or Deputy Treasurer

Note: Checks must be made payable to Hillsborough County Supervisor of Elections

or

- Certificate of Petition Qualifying

Note: Candidate must provide a copy of their qualifying certificate along with their qualifying documents.

Other Candidate Forms

- Acknowledgment of Receipt of Information
- Candidate Contact Information Sheet
- Vote By Mail Data Request Form (optional)



**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

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

4. Telephone:

()

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

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

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

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13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE 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 box)

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**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).

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITHOUT PARTY AFFILIATION**

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: _____

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of _____, _____, _____,
(Office) (District #)

_____, _____; I am a qualified elector of _____ County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of No Party Affiliation

I am registered without any party affiliation and have not been a registered member of any political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not _____

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X _____ ()
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

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

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

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

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

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

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

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

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

of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

1. Use the tables below.
2. Use upper case for "stressed" syllables. Use lowercase 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) <i>feet</i>	uh	(SO-fuh) <i>sofa</i> (FING-guhr) <i>finger</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>	Certain Vowel Sounds with R	
U	(FUL) <i>full</i>	AHR	(PAHR) <i>par</i>
OO	(FOOD) <i>food</i>	ER	(PER) <i>pair</i>
OU	(FOUND) <i>found</i>	IR	(PIR) <i>peer</i>
O	(FO) <i>foe</i>	OR	(POR) <i>pour</i>
EI	(FEIT) <i>fight</i>	OOR	(POOR) <i>poor</i>
AI	(FAIT) <i>fate</i>	UHR	(PUHR) <i>purr</i>
OI	(FOIL) <i>foil</i>		
YOO	(FYOOR-ee-uhs) <i>furious</i>		
Consonants			
B	(BED) <i>bed</i>	R	(RED) <i>red</i>
D	(DET) <i>debt</i>	S	(SET) <i>set</i>
F	(FED) <i>fed</i>	T	(TEN) <i>ten</i>
G	(GET) <i>get</i>	V	(VET) <i>vet</i>
H	(HED) <i>head</i>	Y	(YET) <i>yet</i>
HW	(WHICH) <i>which</i>	W	(WICH) <i>witch</i>
J	(JUHG) <i>jug</i>	CH	(CHUCRCH) <i>church</i>
K	(KAD) <i>cad</i>	SH	(SHEEP) <i>sheep</i>
L	(LAIM) <i>lame</i>	TS	(ITS) <i>its</i> (PITS-feeld) <i>Pittsfield</i>
M	(MAT) <i>mat</i>	TH	(THEI) <i>thigh</i>
N	(NET) <i>net</i>	TH	(THEI) <i>thy</i>
NG	(SING-uhr) <i>singer</i>	ZH	(A-zuhr) <i>azure</i> (VI-zuhhn) <i>vision</i>
P	(PET) <i>pet</i>	Z	(GOODZ) <i>goods</i> (HUH-buhz-tuhn) <i>Hubbardston</i>
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)	

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER



ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

This is to acknowledge receipt of the following items:

1. Calendar of Reporting Dates
2. Notification of Logic and Accuracy Testing (For Primary and General Election)
3. Sign Information
4. Candidate & Campaign Treasurer Handbook
5. Florida Election Laws

I understand that the following information is sent electronically and that if I do not receive it within one business day after initially filing my Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates, DS-DE 9, it is my responsibility to contact the office to let them know the information was not received.

1. Electronic Filing Login Name and Password
2. Campaign Finance User's Manual

Candidate's Signature

Date Signed

Print Candidate's Name





Candidate Contact Information

Name of Candidate: _____

Office Sought (include district/group number): _____

Address	
Phone Number	
Email Address	

*Alternative Contact

Name	
Phone	
Email Address	

This information is for our internal use and will not be published on our website. However, please be aware that Florida has a very broad public records law. Written communications to or from the Supervisor of Elections are public records and are available to the public and media upon request unless the information is subject to a specific statutory exemption. Email addresses are also public records. If you do not want your email address released in response to a public records request, please contact us by mail or phone, or visit us in person.





REQUEST FORM FOR VOTE BY MAIL DATA

Vote By Mail ballot request information is confidential and exempt from public disclosure under F.S. 101.62(2), except to the following persons or entities:

- 1) Canvassing board, 2) Election official, 3) Political party or official thereof, 4) Registered political committees for political purposes only, 5) Candidate who has filed qualification papers and is opposed in an upcoming election, and 6) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence).

For electronic access to Vote by Mail request information from the Supervisors of Elections, check the applicable authorization category and submit this completed form:

- A candidate who has filed qualification papers and is opposed in an upcoming election
- Canvassing Board
- An Election Official
- Registered Political Committee for political purposes only
- A Political Party or Official Thereof

Full Name: _____ Phone No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

(Where the login credentials will be sent)

Vote By Mail voter data for the _____ Election Cycle

I affirm that I am a person authorized by F.S. 101.62(2), to acquire Vote by Mail ballot request information.

Signature: _____ Date: _____

Mail completed form to:

Supervisor of Elections
Attn: Candidate Services
601 E. Kennedy Blvd., 16th Floor
Tampa, FL 33602

OR

Scan and return by email:

Enjoli White at
ewhite@votehillsborough.gov

OR

Fax to:

(813) 272-7043
Attn: Candidate Services

