



## 2024 QUALIFYING CHECKLIST FOR SHERIFF CANDIDATES

### Required Forms

- DS-DE 9- Appointment of Campaign Treasurer and Designation of Campaign Depository
- DS-DE 84- Statement of Candidate
- DS-DE 301A- Candidate Oath State & Local Partisan Office (With 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 301A)*

- 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: **\$14,630.22**

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:**

(      )

**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  
WITH 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 Party**

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

**Statement of Outstanding Fines, Fees, or Penalties**

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

**YES, I Do** \_\_\_\_\_ **NO, I Do Not** \_\_\_\_\_

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

**X** \_\_\_\_\_ ( )  
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.

<b>Amount</b>	<b>Entity</b>

**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) feet	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) fit		
E	(BED) bed		
A	(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	<b>Certain Vowel Sounds with R</b>	
U	(FUL) full	AHR	(PAHR) par
OO	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
O	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
AI	(FAIT) fate	UHR	(PUHR) purr
OI	(FOIL) foil		
YOO	(FYOOR-ee-uhs) furious		

Consonants			
B	(BED) bed	R	(RED) red
D	(DET) debt	S	(SET) set
F	(FED) fed	T	(TEN) ten
G	(GET) get	V	(VET) vet
H	(HED) head	Y	(YET) yet
HW	(WHICH) which	W	(WICH) witch
J	(JUHG) jug	CH	(CHUCRCH) church
K	(KAD) cad	SH	(SHEEP) sheep
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield
M	(MAT) mat	TH	(THEI) thigh
N	(NET) net	TH	(THEI) thy
NG	(SING-uhr) singer	ZH	(A-zuhr) azure (VI-zuhhn) vision
P	(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)

**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., 16<sup>th</sup> Floor  
Tampa, FL 33602

**OR**

**Scan and return by email:**

Enjoli White at  
[ewhite@votehillsborough.gov](mailto:ewhite@votehillsborough.gov)

**OR**

**Fax to:**

(813) 272-7043  
Attn: Candidate Services

