## Crestview Municipal Elections November 8, 2022

OFFICE: CRESTVIEW CITY COUNCIL Three at large seats up for candidacy and the term of office is four years. Takes office within 30 days of election.

WHERE TO QUALIFY: SUPERVISOR OF ELECTIONS' OFFICES

Buddy Brackin Building 302 Wilson Street North, Suite 102 Crestview, FL 32536-3440

Okaloosa County Administration Building 1250 Eglin Parkway, Suite 102 Shalimar, FL 32579

**QUALIFYING FEE:** \$60.40 (Must be remitted by Campaign Account Check payable to Supervisor of Elections)

Qualifying Fee based on Annual Salary of \$5,040.

1% Election Assessment, remitted to state Election Commission Trust Fund, based on money received that does not require expense vouchers. (F.S. 99.093-1% Election Assessment may be waived by filing an Affidavit of Undue Burden DS-DE 78)

\$10.00 required by City of Crestview.

#### **QUALIFYING FORMS AND REQUIREMENTS:**

CE FORM 1	- Financial Disclosure
CE FORM 10	- Gifts Disclosure (If applicable)
DS-DE 9	- Appointment of Campaign Treasurer
<b>DS-DE 302 NP</b>	- Candidate Oath
<b>DS-DE</b> 84	- Statement of Candidate (Must be received in our office within
	10 days after submitting Appointment of Campaign Treasurer)

MUST BE REGISTED TO VOTE AND LIVE IN THE PRECINCT BOUNDARY LIMITS OF CRESTVIEW CITY PRECINCTS FOR SEATS OF PRECINCT 1, PRECINCT 2, AND PRECINCT 3.

**DATES:** 

#### **ELECTION DAY NOVEMBER 8, 2022**

#### Qualifying - Noon Monday, June 13, 2022 - Noon Friday, June 17, 2022

Treasurer Reports must be filed electronically to Supervisor of Elections office by midnight of designated due date. *Candidate is liable for a fine for late filing*.

#### **Qualifying Documents Instructions**

**DS-DE 9 APPOINTMENT OF CAMPAIGN TREASURER** – *If you have already filed this document during prefiling 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** – *If you have already filed this document during pre-filing you do not need to file another one.* 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 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 – NONPARTISAN 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. This document also requires notarization which our office can provide 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. *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 Municipal election. This can be found in your packet. We have you sign the Equipment Test Notice Receipt acknowledging you have received the invitation.

Most of the other documents in the qualifying packet are informational. However, please take the time to look them over. Some municipalities require a residency affidavit, so be sure to fill it out if it is in your packet. The CAMPAIGN TREASURER'S REPORT SUMMARY, CAMPAIGN TREASURER'S REPORT – CONTRIBUTIONS, CAMPAIGN TREASURER'S REPORT – EXPENDITURES, AND WAIVER OF REPORT are samples only. You must file your treasurer reports electronically via our website. We will provide you with a login ID, password, and pin numbers to use when logging in and filing your reports.

# QUALIFYING PAPERWORK CAN BE SUBMITTED TO OUR OFFICE UP TO TWO WEEKS PRIOR TO THE FIRST DAY OF QUALIFYING.



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,

ph 29

Paul Lux, CERA Okaloosa County Supervisor of Elections



302 Wilson St N, Ste 102 Crestview, FL 32536-3400 PH: 850.689.5600 FX: 850.689.5644 1250 Eglin Pkwy, Ste 103 Shalimar, FL 32579-1294 PH: 850.651.7272

Email: plux@myokaloosa.com

APPOINTMENT OF C AND DESIGNAT DEPOSITORY F (Section 10 (PLEASE PI NOTE: This form must b officer before opening the 1. CHECK APPROPRIATE Initial Filing of Form 2. Name of Candidate (in t	FOR OI FOR CA 6.021(1) RINT OF e on fil campa BOX(ES Re	F CAMPAIGN ANDIDATES ), F.S.) R TYPE) e with the qual ign account. S): filing to Change:	lifying		er/Deputy	Depository	OFFICE USE ONLY Office Party
				coc	•		,, ,, <b>, .</b> , <b>,</b> ,
4. Telephone ( )	5. E-ma	il address					
6. Office sought (include d	istrict, ci	rcuit, group numb	oer)		7. If a cano applical		s a Write-In candidate.
8. If a candidate for a part	isan offi	ce, check block	and fil	l in nan	ne of party as	applicable: My inte	ent is to run as a
🗌 Write-In 🗌 No F	Party Affi	liation				Pa	rty candidate.
9. I have appointed the fol	lowing	person to act as	s my		ampaign Trea	surer 🗌 Deput	y Treasurer
10. Name of Treasurer or Deputy Treasurer							
11. Mailing Address						12. Teler ( )	phone
13. City	14. C	ounty	15. St	ate <sup>7</sup>	16. Zip Code	17. E-mail address	
18. I have designated the	followin	g bank as my	C	] Prii	mary Deposito	ry 🗌 Seconda	ry Depository
19. Name of Bank				20. Ac	ldress		
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			26. Si	gnature of Can	didate		
				Χ			
27. Treasure	r's Acce	eptance of Appo	ointmen	t (fill in t	the blanks and	check the appropriat	e block)
I,, do hereby accept the appointment (Please Print or Type Name)					t the appointment		
decignated above as	(Pieas	_	,	. <b>r</b> Г	Deputy Tre	agurar	
designated above as:	L	] Campaign T		я <u></u>			
Date			X	Signat	ure of Campai	gn Treasurer or Depu	ty Treasurer

STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please print or type)	OFFICE USE ONLY
I,	. 1
candidate for the office of	; ;
have been provided access to read an	d understand the requirements of
Chapter 106, Florida Statutes.	
Χ	
Signature of Candidate	Date
Appointment of Campaign Treasurer and Designation failure to file this form is a first degree misde	he qualifying officer within 10 days after the gnation of Campaign Depository is filed. Willful emeanor and a civil violation of the Campaign o \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida

# NOTICE TO:CANDIDATESFROM:PAUL LUX<br/>SUPERVISOR OF ELECTIONSSUBJECT:STATEMENT OF CANDIDATE REQUIREMENT

I have filed an appointment of campaign treasurer form and understand that, within ten days, I am required to read Chapter 106 of the Florida Statutes and file a Statement of Candidate with the Supervisor of Elections office.

I have received the Statement of Candidate form and have been provided access to Chapter 106.

Signature of Candidate

Supervisor of Elections / Deputy

Today's Date

Due Date:



**Okaloosa County Supervisor of Elections** 

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 write-in candidate:         Write-in candidate         Write-in candidate         (Print name above as you wish it to appear on the ballot. If your last name consists of two or more nam hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath (Cffice)         am a candidate for the nonpartisan office of (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 nominimation.	
(Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a write-in candidate: Write-in candidate Candidate Oath (Section 99.021(1)(a), Florida Statutes) I, (Print name above as you wish it to appear on the ballot. If your last name consists of two or more name hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath printed and the ballot of the nonpartisan office of (Office) (Circuit #), (Group or Seat #); 1 am a qualified elector of	
Check box only if you are seeking to qualify as a write-in candidate:  Write-in candidate  Candidate Oath (Section 99.021(1)(a), Florida Statutes)  (minimum above as you wish it to appear on the ballot. If your last name consists of two or more name hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath and a candidate for the nonpartisan office of (Circuit #), (Group or Seat #);	
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(Office); I am a qualified elector of; (Group or Seat #)	burposes.)
(Circuit #) (Group or Seat #)	,
	(District #)
	_County, Florida;
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have qualified for no other public office in the state, the term of which office or any part thereof runs concurre	
I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012,	
and I will support the Constitution of the United States and the Constitution of the State of Florida.	rionau Olalaites,
Candidate's Florida Voter Registration Number (located on your voter information card):	
<b>Phonetic spelling for audio ballot</b> : Print name phonetically on the line below as you wish it to be pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the pronoun ballot as may be used by persons with disabilities (see instructions on page 2 of the persons with disabilities (see instructions on page 2 of the persons with disabilities (see instructions on page 2 of the per	
<b>Y</b> ()	
Signature of Candidate         Telephone Number         Email Address	
Address City State Z	IP Code
STATE OF FLORIDA Signature of Notary Public	
COUNTY OF Print, Type, or Stamp Commissioned Name of Notary	
Sworn to (or affirmed) and subscribed before me by means of	Public below:
online notarization OR physical presence	Public below:
this day of, 20	<sup>r</sup> Public below:
Personally Known OR Produced Identification	<sup>7</sup> Public below:
Type of Identification Produced:	<sup>,</sup> Public below:
Personally Known OR Produced Identification	<sup>,</sup> Public below:

# **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				
Stresse	Stressed Vowel Sounds		ssed Vowel Sounds	
EE	(FEET) f <i>ee</i> t	uh	(SO-fuh) sofa (FING-guhr) finger	
Ι	(FIT) f <i>i</i> t			
E	(BED) bed			
А	(KAT) cat (KAD) cad			
AH	(FAH-thur) father (PAHR) par			
AH	(HAHT) hot (TAH-dee) toddy			
UH	(FUHJ) fudge (FLUHD) flood			
UH	(CHUHRCH) ch <i>u</i> rch			
AW	(FAWN) f <i>aw</i> n	Certain	n Vowel Sounds with R	
U	(FUL) f <i>u</i> ll	AHR	(PAHR) par	
00	(FOOD) food	ER	(PER) pair	
OU	(FOUND) f <i>ou</i> nd	IR	(PIR) peer	
0	(FO) foe	OR	(POR) pour	
EI	(FEIT) f <i>i</i> ght	OOR	(POOR) poor	
AI	(FAIT) fate	UHR	(PUHR) p <i>urr</i>	
OI	(FOIL) foil			
YOO	(FYOOR-ee-uhs) furious			

Consonants				
В	(BED) <i>b</i> ed	R	(RED) red	
D	(DET) debt	S	(SET) set	
F	(FED) fed	Т	(TEN) ten	
G	(GET) get	V	(VET) vet	
Н	(HED) <i>h</i> ead	Y	(YET) yet	
HW	(HWICH) <i>wh</i> ich	W	(WICH) witch	
J	(JUHG) <i>j</i> ug	СН	(CHUCRCH) church	
K	(KAD) cad	SH	(SHEEP) <i>sh</i> eep	
L	(LAIM) <i>l</i> ame	TS	(ITS) its (PITS-feeld) Pittsfield	
М	(MAT) <i>m</i> at	TH	(THEI) <i>Th</i> igh	
N	(NET) <i>n</i> et	TH	(THEI) Thy	
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)		

# Do not submit this page to the filing officer.

Rule 1S-2.0001, F.A.C.

FORM 1	STATEM	IENT OF		2021
Please print or type your name, mailing address, agency name, and position below:	<b>FINANCIAL</b>	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL	E NAME :			
MAILING ADDRESS :				
CITY :	ZIP : COUNTY :			
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :			
CHECK ONLY IF 🔲 CANDIDATE		APPOINTEE		
	*** THIS SECTION MUS	<u>ST</u> BE COMPLETE	D ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2021.
MANNER OF CALCULATING I FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USI (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING <b>(must check one)</b>	LY BASE	
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to			
(If you have nothing to rep NAME OF SOURCE	· · · · ·	JRCE'S		ESCRIPTION OF THE SOURCE'S
OF INCOME	-	DRESS		RINCIPAL BUSINESS ACTIVITY
	INCOME nd other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting p	erson - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, bi (If you have nothing to repo		n - See instructions]	lines of	re not limited to the space on the on this form. Attach additional
			FILIN and w	s, if necessary. G INSTRUCTIONS for when where to file this form are ad at the bottom of page 2.
			INSTR this f	RUCTIONS on who must file orm and how to fill it out on page 3.

(It you have nothing to report write "none" or "n/a")		structions]			
(If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instructions]					
(If you have nothing to report, write "none" or "n/a")					
NAME OF CREDITOR	ADDRES	SS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or pos	itions in cortain types of hus	ingeege - See instructions]			
(If you have nothing to report, write "none" or "n/a")	NESS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING       For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.         I       ICERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
IF ANY OF PARTS A THROUGH G ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILER: Signature:	If a certified public according good standing with the she must complete the I,	DRNEY SIGNATURE ONLY puntant licensed under Chapter 473, or attorney he Florida Bar prepared this form for you, he or following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the			
Date Signed:	disclosure herein is true				
Date Signed:	disclosure herein is true CPA/Attorney Signature	e and correct.			
Date Signed:	disclosure herein is true	e and correct.			
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.	disclosure herein is true CPA/Attorney Signature Date Signed: Candidates file this form MULTIPLE FILING UNN	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission			
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	disclosure herein is true CPA/Attorney Signature Date Signed: Date Signed: Candidates file this form MULTIPLE FILING UNN 1 with a qualifying officer or Supervisor of Election WHEN TO FILE: Initially and specified state em date of his or her appoir Appointees who must be confirmation, even if that appointment.	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission			

## 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 Board.

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.

17) Each member of the governing body of a "large-hub commercial service airport," as defined in Section 112.3144(1)(c), Florida Statutes, except for members required to comply with the financial disclosure requirements of s. 8, Article II of the State Constitution.

# **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, 2021.

**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. Your social security number, bank account, debit, charge, and credit card numbers are not required and you should redact them from any documents you file. 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 and notarized 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. <u>You do not have to disclose any public salary or public position(s)</u>. 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 if considered gross income under federal law, 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 accurate fair market value.

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 (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. 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, including bank accounts owned in such a manner, 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(7), 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, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 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.

# 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. <u>You do not have to disclose any public salary or public position(s)</u>, <u>but income from these public sources should be included when calculating your gross income for the disclosure period</u>. 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 if considered gross income under federal law, 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 accurate fair market value.

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 (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. 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, including bank accounts owned in such a manner, 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(7), 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, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 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.

# **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.VoteOkaloosa.Gov 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: <u>http://www.ethics.state.fl.us/forms.html</u>. The Florida Commission on Ethics website can also be reached through our Okaloosa County Supervisor of Elections website:

http://www.VoteOkaloosa.Gov. 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:

<u>http://election.dos.state.fl.us/publications/publications.shtml</u>. As stated above, the Florida Division of Elections website can also be reached through our Okaloosa County Supervisor of Elections website: <u>http://www.VoteOkaloosa.Gov</u>. Click on HELPFUL LINKS  $\rightarrow$  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*
<b>Residence Address</b>	Party	Voting H	istory (available on Request)
Date of Birth	Precinct and Districts		

# \*This information is accurate only through December 1994. Sex and race are optional effective January 1995.

#### Lists And Labels May Include All Of The Following Or May Be Sorted To:

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	27 – 52 names per page, \$.15 per page
Voter labels	
CD	
Emailed files (under 10 M)	•
Verification of Signatures	•

#### 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/

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

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.

#### 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.



# 2022 Calendar of Reporting Dates

Cover Period	Report Code	Due Date
01/1/22 - 01/31/22	2022 M1	02/10/2022
02/01/22 - 02/28/22	2022 M2	03/10/2022
03/01/22 - 03/31/22	2022 M3	04/11/2022
04/01/22 - 04/30/22	2022 M4	05/10/2022
05/01/22 - 05/31/22	2022 M5	06/10/2022
06/01/22 - 06/17/22	2022 P1	06/24/2022
06/18/22 - 07/01/22	2022 P2	07/08/2022
07/02/22 - 07/15/22	2022 P3	07/22/2022
07/16/22 - 07/22/22	2022 P4	07/29/2022
07/23/22 - 07/29/22	2022 P5	08/05/2022
07/30/22 - 08/05/22	2022 P6	08/12/2022
08/06/22 - 08/18/22	2022 P7	08/19/2022
08/19/2022-08/26/2022	2022 G1	09/02/2022
08/27/2022-09/09/2022	2022 G2	09/16/2022
09/10/2022-09/23/2022	2022 G3	09/30/2022
09/24/2022-10/07/2022	2022 G4	10/14/2022
10/08/2022-10/21/2022	2022 G5	10/28/2022
10/22/2022-11/03/2022	2022 G6	11/04/2022

CAMPAIGN TREASU	RER'S REPORT SUMMARY
(1)	OFFICE USE ONLY
Name	
(2) Address (number and street)	
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
<ul> <li>Candidate Office Sought:</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>	<ul> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>
(5) Re	port Identifiers
Cover Period: From / /	To / / Report Type:
Original Amendment	] Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,,	Monetary           Expenditures         \$
Loans \$,,	Transfers to Office Account \$ , , .
Total Monetary \$,,	Total Monetary \$ , ,
In-Kind \$,,	
	(8) Other Distributions \$ , ,
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date
It is a first degree misdemeanor for any I certify that I have examined this report and it is true,	
(Type name)	er Candidate Chairperson (only for PC and PTY)
X	x
Signature	Signature

DS-DE 12 (Rev. 11/13)

### CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1)	Name
-----	------

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

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

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
/ /							
/ /							
1 1							
	•						
/ /							
, ,							
1 1							
1 1							
	4						
, ,							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

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

(3) Cover Period	// through	_// (4	4) Page	of	
(5) Date (6) Sequence Number	(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
_/_/					
_/_/					
_/_/					
/ /					
_ / _/					
_/_/					
_/_/					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER O (Section 106	-			
(PLEASE TYPE)		0	FFICE USE ONLY	
Nan	ne	Of	fice Sought	
Addr	ess	City	State	Zip Code
Candidate	Political Committee Party Executive Committee	Electionee	ring Communications	Organization
Check here if address has		Check here if PC or ECC longer file reports.	D has DISBANDED ar	nd will no
TYPE OF REPORT          MONTHLY REPORT         Indicate report #         M	Check Appropriate Box	and Complete Applica		PORT TYPE
NOTIFICATION OF	NO ACTIVITY IN CAMPAIGI		EPORTING PERIO	D OF
	Signature		Date	
X	Signature		Date	
EQUIRED SIGNATURES FOR:	Political Committees:	(c), F.S.) ::		

# COMMON MISTAKES MADE BY CANDIDATES AND CAMPAIGN TREASURERS

- Accepting anonymous contributions, such as passing the hat or selling tickets for fund raisers without getting the required information from contributors.
- Failing to properly mark political disclaimers on political advertisements, campaign literature and ads.
- Accepting contributions prior to filing an Appointment of Campaign Treasurer and Designation of Campaign Depository form with the appropriate filing officer.
- Filing Campaign Treasurer Reports late.
- Allowing unauthorized individuals to sign campaign reports.
- Showing a deficit in campaign contribution and expenditure reports.
- Taking contributions in excess of legal limitations.
- Failing to notify the filing officer of changes in treasurers, addresses or other required information.
- Making donations to charitable organizations from campaign funds before the candidate is elected, eliminated, withdrawn or elected unopposed.
- Accepting contributions to cover outstanding expenses after the election.

### Crestview, Florida - Code of Ordinances

#### Sec. 102-304. - Permitted temporary signs.

(a) *Where allowed.* Temporary signs are allowed throughout the city on private property, subject to the restrictions imposed by this section and other relevant parts of this article.

(b) *Sign types allowed*. A temporary sign may be a ground or building sign to include banners and sandwich or sidewalk signs, and snipe signs in commercially zoned property in major arterial roads, but may not be an electric sign.

(c) *Removal of illegal temporary signs*. Any temporary sign not complying with the requirements of this section is illegal and subject to immediate removal.

(d) Restrictions on content of temporary signs. A temporary sign may display any message so long as it is not:

(1) Harmful to minors.

(2) Advertising, except that advertising for the following purposes may be displayed:

a. To indicate that an owner, either personally or through an agent, is actively attempting to sell, rent or lease the property on which the sign is located.

b. To indicate the grand opening of a business or other activity, to include special sales or promotion of events or activities on the property on which the sign is located. Such message may be displayed for a period not exceeding 15 days.

c. To identify construction in progress on the property on which the sign is located. Such message shall not be displayed more than 60 days prior to the beginning of actual construction of the project, and shall be removed when construction is completed. If a message is displayed pursuant to this section, but construction is not initiated within 60 days after the message is displayed, or if construction is discontinued for a period of more than 60 days, the message shall be removed, pending initiation or continuation of construction activities.

d. To indicate the existence of a new business, or a business in a new location, if such business has no permanent signs. Such message may be displayed on the property on which the sign is located for a period of not more than 60 days or until installation of permanent signs, whichever shall occur first.

(e) Permissible size, height and number of temporary signs.

(1) One-family and two-family residences. A parcel on which is located a single one-family or two-family residence may display not more than two temporary signs with an aggregate sign area of not more than ten square feet. No individual sign shall exceed six square feet nor exceed eight feet in height.

(2) *Three-family and four-family residences*. A parcel on which is located a single three-family or four-family residence may display not more than four temporary signs with an aggregate sign area of not more than ten square feet. No individual sign shall exceed six square feet nor exceed eight feet in height.

#### (3) Major arterials.

a. Commercial zoned properties fronting major arterials may display a maximum number of ten snipe signs. No individual snipe sign will exceed four square feet. All signs will be displayed on private property and will not obstruct the vision triangle or create a public safety hazard.

1. Requests for temporary snipe signs will be processed through the administrative services department on forms provided by the department.

2. Each snipe sign will require a label affixed to the sign face. A label will be provided for each snipe sign at the time a permit is issued. Each label will include at a minimum: name of permit holder, permit number, beginning date, expiration date and authorization. Permits will be valid for a maximum of 14 days.

b. Commercial zoned properties fronting major arterials may display a maximum number of banner, sandwich or A-frame signs equal to one square foot of signage per ten feet of frontage up to a maximum of 100 square feet. No individual sign shall exceed 24 square feet nor exceed ten feet in height and must be displayed on the property on which the business or event advertised is located. All signs will be displayed on private property and will not obstruct the vision triangle or create a public safety hazard.

1. Banner, sandwich or a frame signs may be posted on private property for the duration of the special event for which they are used, but no longer than 15 days.

(4) *On all other parcels*. All other parcels may display one square foot of temporary signage per ten feet of frontage up to a maximum of 100 square feet. No individual sign shall exceed 60 square feet nor exceed ten feet in height. Signs must be spaced at least 100 feet apart. Sign must be displayed on the property on which the business or event advertised is located. (Ord. No. 897, § 3, 10-14-96; Ord. No. 979, § 2, 6-14-99; Ord. No. 1055, § 4, 3-12-01; Ord. No. 1142, § 2, 4-12-04; Ord. No. 1179, § 2, 6-13-05)



RICK SCOTT

GOVERNOR

February 22, 2018

**MIKE DEW** 

SECRETARY

### Notice to candidates for election to offices in the State of Florida

The Department of Transportation's Office of Right of Way would like to remind you of State Law regarding political campaign signs:

- (1) Signs placed on the state rights of way Political campaign signs may not be placed in the right of way of any state or national highway [Chapter 479.11(8), Florida Statutes]. A joint effort by the Florida Department of Transportation and the Florida Highway Patrol produced a brochure explaining that the unauthorized use of the public right of way is prohibited by Florida law. This brochure further outlines how the right of way is regulated and how to recognize the location of the right of way line. The brochure is available on our website, http://www.fdot.gov/rightofway/. Please feel free to print and copy the brochure for distribution. We recommend campaigns make this brochure required reading for volunteers who post candidate signage.
- (2) Signs placed on private property Temporary political campaign signs may be placed on private property with the permission of the owner. Such signs do not require a permit under state law.

Please advise your campaign workers to ensure that signs are placed on private property. Signs placed on the state rights of way must be picked up by Department staff and placed in one of the Department's maintenance yards. We will make every effort to place a courtesy call to your campaign office advising of sign removal and the location of the maintenance yard where the signs have been stored.

If you have any questions regarding this issue, please contact the Department's Outdoor Advertising Office in Tallahassee at (850) 414-4569.

Sincerel

J. Jim Spalla, Director Øffice of Right of Way



RECEIVED HPERVISOR OF ELECTIONS 2018 MAY -2 P 12: 54

Campaign Year 2018

Dear Candidate;

On behalf of the management and staff of Choctawhatchee Electric Cooperative (CHELCO), we congratulate you on your decision to run for political office. I am sure that over the next few months you will travel many miles, meet many people and make many personal sacrifices during your campaign. Again, we congratulate you for your willingness to serve and wish you the best of luck.

Let me take this opportunity to remind you that <u>absolutely no campaign materials</u> <u>should ever be placed on any utility poles</u> whether they are located on public or private right-of-way. In the interest of job safety, our crews will be instructed to remove and dispose of any material attached to any CHELCO property.

We greatly appreciate your cooperation and assistance in this matter.

Thank you

Steve Rhodes Chief Executive Officer

Choctawhatchee Electric Cooperative, Inc.

Owned By Those We Serve

# **Important Notice**

- TO: Candidates
- FROM: Paul Lux Supervisor of Elections
- RE: Electronic Tabulation Equipment Testing 2022 Primary Election

The electronic tabulation equipment which will be in service for the August 23, 2022 Primary election will be tested on:

Tuesday, August 2, 2022 8:30 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**

TO:CandidatesFROM:Paul LuxSupervisor of ElectionsRE:Electronic Tabulation Equipment Testing – 2022 Primary Election

The electronic tabulation equipment which will be in service for the August 23, 2022 Primary Election will be tested on:

August 2, 2022	8:30 a.m.	Supervisor of Elections Warehouse
(Early Voting &	Precinct Equipment)	5479 Old Bethel Rd.
		Crestview, FL 32539

I acknowledge that I have received a copy of the above listed notice concerning the electronic tabulation equipment testing.

Signature of the Candidate

Date

Office Sought

**Qualifying Officer** 



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

Noon Monday, June 13, 2020 – Noon Friday, June 17, 2022

- □ APPOINTMENT OF CAMPAIGN TREASURER
- $\hfill\square$  STATEMENT OF CANDIDATE
- $\hfill\square$  STATEMENT OF CANDIDATE RECEIPT
- □ CANDIDATE OATH (NOTARIZED)
- □ FORM 1
- □ EQUIPMENT TEST NOTICE RECEIPT
- □ QUALIFYING FEE

### CRESTVIEW MUNICIPAL QUALIFYING CHECKLIST Noon Monday, June 13, 2020 – Noon Friday, June 17, 2022

\_\_\_\_\_

Candidate's Name

Office Sought \_\_\_\_\_

Appointment of Campaign Treasurer (DS-DE 9)

- \_\_\_\_ Statement of Candidate (DS-DE 84)
- \_ Candidate Oath (DS-DE 302NP ) NON-PARTISAN
- \_ Form 1 Financial Disclosure
- \_ Equipment Testing Notice
- \_ Check (written from Campaign Account)
- \_ Amount (\$60.40 Council)
- \_ Issue Receipt for Qualifying Check

SOE or Deputy \_\_\_\_\_

Note: Timestamp all qualifying paperwork