



City of Fellsmere

GENERAL ELECTION

November 5, 2024

Candidates Handbook



CITY OF FELLSMERE
CANDIDATE HANDBOOK
GENERAL ELECTION NOVEMBER 5, 2024

Dear Prospective Candidate:

The City of Fellsmere welcomes you in the upcoming election process. I am available to assist you with as much general information as I can with your campaign. This handbook is being provided to those interested in being elected as a member of the Fellsmere City Council. Further this handbook is a supplement to the Florida Election Laws, and we urge you to take the time to read all the materials provided. Most importantly not only should the candidate familiarize themselves with the laws and regulations, but the Campaign Treasurer must be knowledgeable of the laws as well. Knowing the rules can save you both time and money. Please be reminded that all material is subject to change by the Florida Legislature.

Congratulations on your decision to run for office and we wish you a successful campaign! Please feel free to call 772-646-6301 should you require any assistance.

Sincerely,

Maria F. Suarez-Sanchez, CMC
City Clerk



GENERAL ELECTION INFORMATION

- General Election day is November 5, 2024.
- Fellsmere City Council consists of five (5) members. Two (2) two (2) year City Council Seats are filled in odd-numbered years and three (3) two (2) year Council seats are filled in even-numbered years.
- City Council Candidates run at-large.
- City Council Candidates must be qualified Electors in the City and continually reside in the City for a period of six (6) months immediately preceding the final date for qualification as a candidate.
- City Council terms begin upon certification of the election during a meeting subsequent to the election.
- The Mayor, Vice Mayor and Mayor Pro-Tem are selected by the City Council each year in November from among its members at the regular meeting subsequent to the election.

The Candidate Handbook is available in the Office of the City Clerk. If you are considering running for a City Council seat you may contact Maria F. Suarez-Sanchez, City Clerk at cityclerk@cityoffellsmere.org or by calling 772-646-6301.

Information about voter registration, precincts and polling places or early voting please contact Indian River County Supervisor of Elections, Leslie Swan at www.voteindianriver.com or by calling 772-266-3440.

Qualifying for Office:

A. Who is My Qualifying Officer?

Your qualifying officer is City Clerk, Maria Suarez-Sanchez.

The qualifying location is the City Clerk's office: 22 S. Orange St.,
Fellsmere, Florida.

Email: cityclerk@cityoffellsmere.org

Phone: 772-646-6301

Website: <https://www.cityoffellsmere.org/city-clerk/page/election-information>

B. When and Where Do I Pick Up the Candidate Handbook and File My Qualifying Papers?

When: Official Qualifying - Starting at 8:30 A.M. on **August 2,2024**
and ending at 12:00 noon on **August 16,2024**.

Where: City Clerk's Office, City Hall, 22 S. Orange St., Fellsmere, FL
Office is open weekdays 8:30 AM to 5:00 PM closes at noon
to 1:00pm for lunch.

C. File Your Initial Paperwork - In order to become a qualifying candidate, you must **first** file the following 2 forms with the Qualifying Officer:

1. Eligibility to Hold Office Oath Form (Sec. 3.02 Charter) City Charter requires that you be a registered voter in the City and that you actually continually resided in the City for a period of six (6) months immediately preceding the final date for qualification as a candidate.

2. FORM DS-DE 9 Appointment of Campaign Treasurer and Designation of Campaign Depository

-This form MUST be filed prior to opening the campaign depository, accepting contributions, and making expenditures.

-Filing your intent for candidacy is not complete until filing forms are accepted and date/time stamped by the City of Fellsmere Qualifying Officer.

-Take this form to your bank and open a Campaign Account

-After opening an account, set up an appointment with the Qualifying officer and bring your Campaign checks, ID and Voter Registration Card.

D. File qualifying paperwork with the Qualifying Officer-

1. FORM DS-DE 84 Statement of Candidate Form-

File this form no later than 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository. It is also allowable to file this form along with the DS-DE 9.

2. FORM DS-DE 302NP "Candidate Oath Nonpartisan Office" -

This requires specific pronunciation of your name using established phonetic guidelines on the back of form and voter registration numbers. This assists the Supervisor of Elections office with reading your name into audio assisted ballots for the handicapped.

3. FORM 1 Receipt (Statement of Financial Interests for calendar year 2023)

As of June 11, 2024, all candidates will be required to file Form 1, a Statement of Financial Interests for calendar year 2023, submitted via an electronic filing system created and maintained by the Florida Commission on Ethics.

Please visit <https://disclosure.floridaethics.gov/Account/Login> to register and turn in a receipt or verification of filing to the qualifying officer.

4. Pay Qualifying Fee-

Make Campaign Account Check made payable to the City of Fellsmere in the amount of **\$73.00** – Which includes the following:

- a. City Election Filing Fee of \$25 (Code Sec 26-2)
- b. State Election Assessment Fee of \$48 (FS 99.093)

5. The following forms are held by the Candidate until the appropriate Reporting Periods. (all forms are also available online)

The candidate will be required to file regular campaign treasurer reports with the qualifying officer. These reports provide information on campaign contributions and expenditures. Deadlines are included in the handbook.

1. **FORM DS-DE 12** "Campaign Treasurer's Report Summary" - see *reporting schedule*.
2. **FORM DS-DE 13** "Campaign Treasurer's Report- Itemized Contributions"-see *reporting schedule*.
3. **FORM DS-DE 14** "Campaign Treasurer's Report- Itemized Expenditures" -see *reporting schedule*.
4. **FORM DS-DE 87** "Waiver of Report" - **Submit if nothing to report.**
5. **FORM DS-DE 2** "Contributions Returned – *Submit after closing Campaign Account before 09/12/24.*

ELECTION RESOURCES

Information in this handbook is supplemental to State of Florida Election Laws

The following publications are available online, if you are unable to access the internet, these publications can be provided to you upon request:

-Candidate & Campaign Treasurer Handbook

<https://files.floridados.gov/media/707529/candidate-and-campaign-treasurer-handbook-2024-ad-edit-12324-pdf.pdf>

-Florida Commission on Ethics “Guide to the SUNSHINE AMENDMENT and CODE of ETHICS for Public Officers and Employees.” Brochure

<http://www.ethics.state.fl.us/Documents/Publications/GuideBookletInternet.pdf>

-The Florida Election Code Florida Statutes Chapters 97-106 (201pgs)

<https://files.floridados.gov/media/706922/binder1-florida-election-code-2023.pdf>

PLEASE FAMILIARIZE YOURSELVES WITH FLORIDA STATUTES

THESE PUBLICATIONS ARE PROVIDED FOR GENERAL ELECTION LAW INFORMATION

City of Fellsmere

22 S. Orange Street, Fellsmere, Florida 32948-6714

www.cityoffellsmere.org

Qualifying Officer: Maria F. Suarez-Sanchez, CMC, City Clerk

(Phone) 772.646.6301 (Fax) 772.571.8615

CityClerk@CityofFellsmere.org

Florida Department of State

Division of Elections

R. A. Gray Building, Room 316,

500 S. Bronough Street

Tallahassee, FL 32399

850.245.6200

[Division of Elections - Florida Department of State \(myflorida.com\)](http://www.myflorida.com)

Florida Elections Commission

107 West Gaines Street

Collins Building, Suite 224

Tallahassee, FL 32399

850.922.4539

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

Florida Commission on Ethics

Post Office Drawer 15709

3600 Maclay Blvd. South, Suite 201

Tallahassee, FL 32317

850.488.3077

<https://ethics.state.fl.us/>

Indian River County

Supervisor of Elections

4375 – 43rd Ave. Unit 101

Vero Beach, FL 32967

772.226.3440

www.voteindianriver.com

2024 GENERAL ELECTION CALENDAR

August 2, 2024 First Day to Qualify for Office

August 16, 2024 Last Day to Qualify for Office

November 5, 2024 Election Day

November 21, 2024 Swearing in of Newly Elected Officials if results have
or December 5, 2024 been certified by the Canvassing Board. Selection of
Mayor, Vice Mayor and Mayor Pro-Tem.

2024 Calendar of Reporting Dates for Candidates.

<u>Due Date</u>	<u>Report Code</u>	<u>Cover Period</u>
August 9, 2024	2024 P6	7/27/24 – 8/02/24
August 16, 2024	2024 P7	8/03/24 – 8/15/24
August 30, 2024	2024 G1	8/16/24 – 8/23/24
September 13, 2024	2024 G2	8/24/24 – 9/06/24
September 27, 2024	2024 G3	9/07/24 – 9/20/24
October 11, 2024	2024 G4	9/21/24 – 10/04/24
October 25, 2024	2024 G5	10/05/24 – 10/18/24
November 1, 2024	2024 G6	10/19/24 – 10/31/24
Termination Report		
<u>Due Date</u>	<u>Report Code</u>	<u>Cover Period</u>
February 3, 2025	TR	General Election

Reports shall be filed not later than 5:00 p.m. with the City Clerk of the day designated.

These dates are in accordance with new Florida law regarding campaign reports (106.07) and based on an opinion from the Florida Division of Elections Director for municipalities.

Florida Statute 106.07(7): in any reporting period when there has been no activity in the account (no funds received or expended), the filing of the report is waived, however, the filing officers must be notified in writing on the prescribed reporting date that no report is being filed by submitting form DS-DE87 Waiver of Report.)

FOR FURTHER PROVISIONS RELATING TO CAMPAIGN TREASURERS' RESPONSIBILITIES, CAMPAIGN FINANCIING PLEASE REFER TO FLORIDA STATUTES PROVIDED.

IT IS VERY IMPORTANT THAT EACH CANDIDATE UNDERSTAND THE SPECIFICS OF FLORIDA LAW WHEN IT COMES TO CAMPAIGN FINANCING RESTRICTIONS.



QUALIFICATIONS OF MEMBERS OF CITY COUNCIL

Charter Section 3.02. Qualifications of member of the City Council.

“No person shall be eligible to hold the office of the city council member unless he or she is a qualified elector in the city and actually continually resides in the city for a period of six (6) months immediately preceding the final date for qualification as a candidate”.

I, _____, candidate for the office of Council Member, meet the eligibility qualifications to hold office as required in Section 3.02 of the City of Fellsmere Charter, above.

Signature of Candidate

STATE OF FLORIDA, COUNTY OF INDIAN RIVER, CITY OF FELLOSMERE

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization, this _____ of _____, 2024 by

_____,
 who is personally known to me or who has produced _____ as identification.

Maria F. Suarez-Sanchez
Notary Public State of Florida

Seal

**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

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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

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

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 nonpartisan 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 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) 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	<i>Certain Vowel Sounds with R</i>	
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-zuhnn) 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

Sec. 26-3. Election/political signs.

- (a) For each parcel within the city, one election sign for each candidate and each issue may be displayed on each frontage per parcel of land. An election sign may be displayed as an attached sign or as a freestanding sign on the parcel. The election sign shall not exceed three square feet in sign area and if the election sign is displayed as a freestanding sign on the parcel, the election sign shall not exceed three feet in height. On parcels that are in nonresidential use, the election sign shall not exceed 16 square feet in sign area and if the election sign is displayed as a freestanding sign on the parcel, the election sign shall not exceed six feet in height and shall not be illuminated.
- (b) Election signs shall not be erected until an application has been filed with the city clerk's office and payment of a security fee of \$25.00. Election signs shall not be installed sooner than 30 days prior to the election and all signs must be removed within seven days following the election, failure to timely remove all signs shall result in forfeiting the sign security fee. The application shall be as follows:

City of Fellsmere
 22 S. Orange Street
 Fellsmere, Florida 32948-6740
 Phone: 772-646-6301 Fax: 772-571-8615
Email: CityClerk@CityofFellsmere.org

**Application for Political Sign Permit:
 Political Signs \$25.00 check from candidate's campaign account**

I, _____, hereby apply for a political sign permit for:

Campaign Account of (Candidate's Name): _____

Dimensions:	Construction Material:
Distance from Property Line:	Property Zoning Classification:
I hereby certify that I have read and examined this application and know the same to be true and correct.	
Applicant/Candidate's signature:	Date:
Approved by: City of Fellsmere	

(Ord. No. 2012-08, § 2(Exh. A), 6-7-2012)

CAMPAIGN REPORTING FORMS

-**FORM DS-DE 12** "Campaign Treasurer's Report Summary" -see *reporting schedule*.

- **FORM DS-DE 13** "Campaign Treasurer's Report- Itemized Contributions"-see *reporting schedule*.

- **FORM DS-DE 14** "Campaign Treasurer's Report- Itemized Expenditures" -see *reporting schedule*.

- **FORM DS-DE 87** "Waiver of Report" - *Submit if nothing to report*.

- **FORM DS-DE 2** "Contributions Returned – *Submit after closing Campaign Account before 09/12/24.*

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) _____
Name

(2) _____
Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From ____ / ____ / ____ To ____ / ____ / ____ Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ ____ , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ ____ , ____ , ____ . ____

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

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ ____ , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ ____ , ____ , ____ . ____

(11) Certification

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

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

(Type name) _____

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

X _____
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

Instructions for Campaign Treasurer's Report Summary

(1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) **Address:** the full address or post office box, city, state, and zip code.
 Check the box if the address has changed since the last report filed.

(3) **ID Number:** identification number assigned by the filing officer.

(4) **Check the appropriate box(es).**

(5) **Report Identifiers**

Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.

Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

Check one of the appropriate boxes:

Original: first report filed for this reporting period.

Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) **Contributions This Report:**

Cash and Checks: total amount for this reporting period.

Loans: total amount for this reporting period.

Total Monetary: sum of Cash and Checks and Loans.

In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) **Expenditures This Report:**

Monetary Expenditures: total amount of monetary expenditures for this reporting period.

Transfers to Office Account: total amount transferred to an office account by elected candidates only.

Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) **Type or print the required officer's name and have them sign the report:**

Candidate report: treasurer and candidate must sign.

PC report: treasurer and chairperson must sign.

PTY report: treasurer and chairperson must sign.

ECO report: organization's treasurer must sign.

IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____

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

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____

(4) Page _____ of _____

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

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

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

- (9) Enter Contribution Type using one of the following codes:

NOTE: Cash includes cash and cashier's checks.

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

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

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

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

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

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

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

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

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

(11) Amount of expenditure.

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

Name

Office Sought

Address

City

State

Zip Code

Candidate

Political Committee

Party Executive Committee

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

Check here if address has changed since last report.

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

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

QUARTERLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

Q _____

Indicate report #

P _____

Indicate report #

G _____

Indicate report type and #
as applicable:

TERMINATION REPORT

SPECIAL ELECTION

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

_____ THROUGH _____

X

Signature

Date

X

Signature

Date

REQUIRED SIGNATURES FOR:

Candidates:

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

Political Committees:

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

Party Executive Committees:

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

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

CONTRIBUTIONS RETURNED

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

(PLEASE TYPE)

OFFICE USE ONLY

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

Candidate

Committee or Organization

Full Name: _____

Full Address: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

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

Type or Print Name of Candidate, Treasurer or Chairman

X

Signature