APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

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)		3. Address (include post office box or street, city, state, zip code)
4. Telephone ( )	5. E-mail address	

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

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

9. **I have appointed the following person to act as my** ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address				12. Telephone ( )
13. City	14. County	15. State	16. Zip Code	17. E-mail address

18. **I have designated the following bank as my** ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank		20. Address	
21. City	22. County	23. State	24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF 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 block)

I, _____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☐ Deputy Treasurer.

_____ **X** _____

Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, _____ ,

candidate for the office of _____ ;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X _____ _____

Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to $1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CITY OF SEBASTIAN
HOME OF PELICAN ISLAND

ELIGIBILITY TO HOLD OFFICE OF COUNCILMEMBER

Charter Section 2.02 - ELIGIBILITY

"No person shall be eligible to hold the office of council member unless he or she is a qualified elector* in said city and actually continually resided in said city for a period of one (1) year immediately preceding the final date for qualification as a candidate for said office."

I, _____, candidate for the office of Council Member, meet the eligibility qualifications to hold office as required in Section 2.02 of the City of Sebastian Charter, above.

_____
Signature of Candidate

Sworn to and subscribed before me this _____ day of _____, 2020.

_____
Notary Public
State of Florida

SEAL

166.032 **Electors.--Any person who is a resident of a municipality, who has qualified as an elector of this state, and who registers in the manner prescribed by general law and ordinance of the municipality shall be a qualified elector of the municipality.*

Ms-word/election/charter eligibility

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

(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 names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of _____ (*Office*), _____ (*District #*),

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

I am qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print 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 2 of this form): *[Not applicable to write-in candidates.]*

_____

X _____ ( ) _____

Signature of Candidate | Telephone Number | Email Address

_____

Address | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF _____

_____

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by ☐ physical or ☐ online presence this _____ day of _____, 20___.

Personally Known: _____ or Produced Identification: _____

Type of Identification Produced: _____

Compound Last Names

If your *last* name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be "Smith". If you check the box, your last name would be listed on the ballot as "Jones Smith." If you have a hyphen within your last name, the last name would be listed as "Jones-Smith".

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

1. Use tables below.
2. Use upper case for "stressed" syllables. Use lower case for "unstressed" syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, *etc.*

Vowels			
Stressed Vowel Sounds		***Unstressed Vowel Sounds***	
EE	(FEET) f*ee*t	uh	(SO-fuh) sof*a* (FING-guhr) fing*er*
I	(FIT) f*i*t		
E	(BED) b*e*d		
A	(KAT) c*a*t (KAD) c*a*d		
AH	(FAH-thur) f*a*ther (PAHR) p*a*r		
AH	(HAHT) h*o*t (TAH-dee) t*o*ddy		
UH	(FUHJ) f*u*dge (FLUHD) fl*oo*d		
UH	(CHUHRCH) ch*u*rch		
AW	(FAWN) f*aw*n	***Certain Vowel Sounds with R***	
U	(FUL) f*u*ll	AHR	(PAHR) p*ar*
OO	(FOOD) f*oo*d	ER	(PER) p*air*
OU	(FOUND) f*ou*nd	IR	(PIR) p*eer*
O	(FO) f*oe*	OR	(POR) p*our*
EI	(FEIT) f*i*ght	OOR	(POOR) p*oor*
AI	(FAIT) f*a*te	UHR	(PUHR) p*urr*
OI	(FOIL) f*oi*l		
YOO	(FYOOR-ee-uhs) f*u*rious		

Consonants			
B	(BED) *b*ed	R	(RED) *r*ed
D	(DET) *d*ebt	S	(SET) *s*et
F	(FED) *f*ed	T	(TEN) *t*en
G	(GET) *g*et	V	(VET) *v*et
H	(HED) *h*ead	Y	(YET) *y*et
HW	(HWICH) *wh*ich	W	(WICH) *w*itch
J	(JUHG) *j*ug	CH	(CHUCRCH) *ch*urch
K	(KAD) *c*ad	SH	(SHEEP) *sh*eep
L	(LAIM) *l*ame	TS	(ITS) i*ts* (PITS-feeld) P*itts*field
M	(MAT) *m*at	TH	(THEI) *Th*igh
N	(NET) *n*et	TH	(THEI) *Th*y
NG	(SING-uhr) si*ng*er	ZH	(A-zhuhr) azure (VI-zhuhn) vision
P	(PET) *p*et	Z	(GOODZ) good*s* (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.

FORM 1 — STATEMENT OF FINANCIAL INTERESTS — 2019

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING **(must check one)**:

☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS**

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES **[Ownership or positions in certain types of businesses - See instructions]**
(If you have nothing to report, write "none" or "n/a")

	BUSINESS 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** required to complete annual ethics training pursuant to section 112.3142, F.S.

❑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ❑

SIGNATURE OF FILER:

Signature:

_____

Date Signed:

_____

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers* or *specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: ***Initially***, each local officer/employee, state officer, and specified state employee must file ***within 30 days*** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

NOTICE

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

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

WHO MUST FILE FORM 1:

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.

4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.

5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits, and the Pinellas County Construction Licensing 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.

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, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: www.ethics.state.fl.us.

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

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

OFFICE OR POSITION HELD OR SOUGHT: The title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. 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 is not required and you should redact it 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 if you submit a written request.

MANNER OF CALCULATING REPORTABLE INTEREST

Filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or 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. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

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

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

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

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

Examples:

— If you were employed by a company that manufactures computers and received more than $2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded $2,500, list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded $2,500, list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, list each individual company from which you derived more than $2,500. Do not aggregate all of your investment income.

— If more than $2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than $2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

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

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

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); ***and,***

(2) You received more than $5,000 of your gross income during the disclosure period from that business entity.

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

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than $5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

PART C — REAL PROPERTY

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

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

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

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

PART D — INTANGIBLE PERSONAL PROPERTY

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

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

PART E — LIABILITIES

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

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

PART F — INTERESTS IN SPECIFIED BUSINESSES

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

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

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

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

PART G — TRAINING CERTIFICATION

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

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

(End of Dollar Value Thresholds Instructions.)

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

PART A — PRIMARY SOURCES OF INCOME

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

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

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

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

Examples:

— If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, list each individual company from which you derived more than 5% of your gross income. Do not aggregate all of your investment income.

— If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

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

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

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); ***and,***

(2) You received more than 10% of your gross income from that business entity; ***and,***

(3) You received more than $1,500 in gross income from that business entity.

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

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than $1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

PART C — REAL PROPERTY

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

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

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

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

PART D — INTANGIBLE PERSONAL PROPERTY

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

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

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

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

PART E — LIABILITIES

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

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

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

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

PART F — INTERESTS IN SPECIFIED BUSINESSES

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

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

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

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

PART G — TRAINING CERTIFICATION

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

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

(End of Percentage Thresholds Instructions.)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) _____
Name

(2) _____
Address (number and street)

_____
City, State, Zip Code

OFFICE USE ONLY

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

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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.

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

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

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)

☐ **MONTHLY REPORT** ☐ **PRIMARY ELECTION** ☐ **GENERAL ELECTION** ☐ **OTHER REPORT TYPE**

Indicate report #
M_____

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.