



County Level Candidate Application

Candidate Name: _____

Office Sought: _____

As a candidate running for political office, you are accepting many responsibilities. Your campaign for office can be a successful and rewarding experience if you take your candidacy seriously and become well-educated on election law requirements. Please do not rely on your knowledge of old election laws to conduct your new candidacy.

Candidate Reference Material

IMPORTANT: It is your responsibility to check with this office periodically for changes in the laws.
(Candidate initials to acknowledge each statement.)

_____ I understand that I will receive the following in an email on ____/____/20____.

- 16001 Bay County SOE County Candidate Guide
- Florida Election Code All Chapters
- Petition Manual
- DS-DE 104 Petition Form

_____ I understand that I **MUST** file a DS-DE 9 with the Supervisor of Elections office, **BEFORE** I open a bank account, collect any contributions, make any expenditures and or gather signatures for petitions.

_____ I understand the DS-DE 9 Appointment of Treasure requirements.

Candidate Class

I wish to set up a 1-hour appointment for 1 on 1 training to become better informed and educated on the requirements when running for office in Bay County, Florida.

DATE _____ / _____ /20 ____ **Time** _____

OR

I decline to set up an appointment for training and education.

Undue Burden Written Certification

I am filing Undue Burden using DS-DE 19A form.

I decline to file Undue Burden.

Candidate Signature _____ / _____ /20 ____

SOE Office Q.C. I.D. _____ & _____



Campaign Finance Reporting Policy

POLICY ON ELECTRONIC FILING

- The SOE Office is requiring the electronic filing of campaign treasurer reports at no cost to candidates in order to make campaign contributions and expenditures readily available to the public.
- Campaign Finance Reports, for all local races, will be displayed on the SOE web.
- The SOE office will assign each candidate a user I.D. number, password and (2) pin numbers.

POLICY ON LATE REPORTS

- If a report is not received by the deadline, the SOE office will mail a certified letter to the candidate stating that the report has not been received and candidate is subject to a fine, as stipulated in Section 106.07(8) (b), F.S., for each day late.
- If the SOE office does not receive a response to the letter, the matter will be forwarded to the Florida Elections Commission and could be determined to be a willful violation.
- If applicable, the fine must be paid within twenty (20) days after the receipt of the notice of payment due. The Florida Elections Commission will be notified if fines have not been remitted in a timely manner and may pursue the fine.

POLICY ON JUSTIFYING LATE REPORTS

- Reports must be filed timely. There are no justifiable reasons for filing late reports unless otherwise determined by the Florida Elections Commission.
- Power outages, malfunction of SOE computer and/or computer program failure are the only valid reasons for not being able to file a report on time.

POLICY ON AMENDING REPORTS

- When a report is determined to require amending, the SOE office will initially contact the candidate by telephone and request that the report be amended within three (3) days.
- If no response is received, a formal letter will be sent requesting an amended report be completed and filed with our office within three (3) days of receipt of notification.
- If the amended report is not received within this time frame, the matter will be referred to the Florida Elections Commission and could be determined to be a willful violation.

POLICY ON REVIEW OF ELECTRONIC REPORTS / POLICY ON AMENDING REPORTS

- The SOE office checks the following: Summary page for accuracy, complete names and addresses for each contribution and expenditure, occupation of contributor when required, purpose of expenditure listed, and contributions that exceed the lawful amount.
- This review does not relieve the candidate of the responsibility for the correctness and accuracy of the reports.

I have read and understand the policy above.

Candidate Signature _____ Date ____/____/____

SOE Office Q.C. I.D. _____ & _____



Candidate/Committee Electronic Campaign Set-up Sheet

Candidate/Committee Name: _____

Office Sought: _____

Address: _____ City _____ State: ____ Zip: _____

Contact phone # (850) - _____ - _____ E-mail _____

Treasurer Name: _____

Address: _____ City _____ State: ____ Zip: _____

Contact phone # (850) - _____ - _____ E-mail _____

(Public) E-mail intended for Campaign, if different from above _____ @ _____

Supervisor of Elections Confirmation (used to verify for phone assistance)

At least three (3) must be completed:

Pet's name: _____ Hint: _____

Child's Name: _____ Hint: _____

Date of Birth: ____/____/____

Mother's Maiden Name: _____

I understand that if I choose to share the above information with anyone, it shall only be for candidate-related purposes. I also understand that at any point that I feel my campaign electronic filing security has been compromised, it is my responsibility to report the incident as soon as it is known.

Candidate _____ Date ____/____/____

WARNING

DO NOT SHARE PASSWORD OR I.D. NUMBER WITH OTHERS.

STAFF ONLY User I.D. # _____

STAFF ONLY Initial Password: _____ Pin # _____

SOE Office Q.C. I.D. _____ & _____

For YOUR PRIVATE Records Only:

YOU MUST CHANGE YOUR PASSWORD WHEN YOU LOG IN THE FIRST TIME.

I.D. # Same as above Your NEW PRIVATE password: _____ Pin# _____

We will verify that you changed it. We never want access to your account.



Deputy Treasurer Electronic Campaign Set-up Sheet ___ 1st ___ 2nd ___ 3rd

Candidate/Committee Name: _____

Office Sought: _____

Address: _____ City _____ State: ____ Zip: _____

Contact phone # (850) - _____ - _____ E-mail _____

Deputy Treasurer Name: _____

Address: _____ City _____ State: ____ Zip: _____

Contact phone # (850) - _____ - _____ E-mail _____

(Public) E-mail intended for Campaign, if different from above _____ @ _____

Supervisor of Elections Confirmation (used to verify for phone assistance)

At least three (3) must be completed:

Pet's name: _____ Hint: _____

Child's Name: _____ Hint: _____

Date of Birth: ____/____/____

Mother's Maiden Name: _____

I understand that if I choose to share the above information with anyone, it shall only be for candidate-related purposes. I also understand that at any point that I feel my campaign electronic filing security has been compromised, it is my responsibility to report the incident as soon as it is known.

Candidate _____ Date ____/____/____

WARNING

DO NOT SHARE PASSWORD OR I.D. NUMBER WITH OTHERS.

STAFF ONLY User I.D. # _____

STAFF ONLY Initial Password: _____ Pin # _____

STAFF ONLY SOE Office Q.C. I.D. _____ & _____

For YOUR PRIVATE Records Only:

YOU MUST CHANGE YOUR PASSWORD WHEN YOU LOG IN THE FIRST TIME.

I.D. # Same as above Your NEW PRIVATE password: _____ Pin# _____

We will verify that you changed it. We never want access to your account.