



**Municipal 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.**

\_\_\_\_\_ I understand that I will receive the following in an email on \_\_\_\_/\_\_\_\_/20\_\_\_\_.

- 16002 Bay County SOE Municipal 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.

**Municipal Residency Requirements Affidavit MUST be completed.**

- 16450 Callaway** - Mayoral candidates may reside in any ward of the city but must have resided within city limits for at least 36 months immediately prior to Election Day. Commission candidates must reside in the ward for which they are candidates at least 6 months immediately prior to Election Day and must have resided within city limits for at least 36 months immediately prior to Election Day. All candidates must also provide an affidavit of residency. Section 6.5
- 16459 - Lynn Haven registered voter within city limits section 18-2.
- 16460 - Mexico Beach 1 year prior to Qualifying for office, section 2-02.
- 16452 - Panama City 6 months prior to Election Day, section 10-12.
- 16458 - Panama City Beach 6 months prior to Election Day, section 7-2.
- 16454 - Parker 3-months prior to Election Day. Section 5-2
- 16456 - Springfield registered voter within city limits, section 5.

**Candidate Signature** \_\_\_\_\_ \_\_\_\_/\_\_\_\_/20\_\_\_\_

**SOE Office Q.C. I.D.** \_\_\_\_\_ & \_\_\_\_\_



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## 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: \_\_\_\_\_

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 Category (used to verify for phone assistance)**

At least three (3) must be completed:

Pet's name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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 Password:** \_\_\_\_\_ **Pin #** \_\_\_\_\_

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



**Deputy Treasurer Electronic Campaign Set-up Sheet**         1<sup>st</sup>         2<sup>nd</sup>         3<sup>rd</sup>

Candidate/Committee Name: \_\_\_\_\_

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 Category (used to verify for phone assistance)**

At least three (3) must be completed:

Pet's name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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 Password:** \_\_\_\_\_ **Pin #** \_\_\_\_\_

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



**99.093 Undue Burden Election Assessment Written Certification**

**99.093 Municipal candidates; election assessment.**

(1) Each person seeking to qualify for nomination or election to a municipal office shall pay, at the time of qualifying for office, an election assessment. The election assessment shall be an amount equal to 1 percent of the annual salary of the office sought. Within 30 days after the close of qualifying, the qualifying officer shall forward all assessments collected pursuant to this section to the Department of State for deposit in the Elections Commission Trust Fund.

(2) Any person seeking to qualify for nomination or election to a municipal office who is unable to pay the election assessment without imposing an undue burden on personal resources or on resources otherwise available to him or her shall, upon written certification of such inability given under oath to the qualifying officer, be exempt from paying the election assessment.

I am filing Assessment Fee Undue Burden Certification per F.S. 99.093(2)

I (print candidate name): \_\_\_\_\_ state that, in accordance with F.S. 99.093(2) this shall serve as a written certification of such inability given under oath to the qualifying officer, be exempt from paying the election assessment. I request this be accepted as my written certification of such inability, given by me under oath, to the Bay County Supervisor of Elections Qualifying Officer.

I am DECLINING Assessment Fee Undue Burden Certification per F.S. 99.093(2) I will pay the assessment fee.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/20\_\_\_

**Notary:** State of Florida County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_,

by (name of person making statement) \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Stamp Commissioned Name of Notary Public)

Personally Known \_N/A\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

SOE Office Q.C. I.D. \_\_\_ & \_\_\_



**99.097 Undue Burden Petition Written Certification**

99.097(4) Petition Undue Burden

The supervisor shall be paid in advance the sum of 10 cents for each signature checked or the actual cost of checking such signature, whichever is less, by the candidate or, in the case of a petition to have an issue placed on the ballot, by the person or organization submitting the petition. However, if a candidate, person, or organization seeking to have an issue placed upon the ballot cannot pay such charges without imposing an undue burden on personal resources or upon the resources otherwise available to such candidate, person, or organization, such candidate, person, or organization shall, upon written certification of such inability given under oath to the supervisor, be entitled to have the signatures verified at no charge.

I am filing Petition Fee Undue Burden Certification per F.S. 99.097(4)

I (print candidate name): \_\_\_\_\_ state that, in accordance with F.S. 99.097(4) the 10-cent verification fee per petition would impose an undue burden on my personal resources or upon resources otherwise available to me at this time. I request this be accepted as my written certification of such inability, given by me under oath, to the Bay County Supervisor of Elections, entitling me to have my petition signatures verified at no charge.

I am DECLINING Petition Fee Undue Burden Certification per F.S. 99.097(4) I will pay the petition cost of 10 cents for each signature checked.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/20\_\_\_

**Notary:** State of Florida County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by (name of person making statement) \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Stamp Commissioned Name of Notary Public)

Personally Known N/A OR Produced Identification \_\_\_\_

Type of Identification Produced \_\_\_\_\_

SOE Office Q.C. I.D. \_\_\_\_\_ & \_\_\_\_\_