

A.	DS-DE 9 (10/23)	Appointment of Campaign Treasurer		
В.	DS-DE 84 (5/11)	Statement of Candidate		
C.	Resolution 23-18	CTR Electronic Filing		
D.	City Code, Sec. 26-73(b)(1)	Qualifying Fee		
Ε.	F.S., Sec. 99.093	Election Assessment		
F.	Dunedin City Charter, Sec. 5.01	Personal residency Affidavit/Oath		
G.	City Code, Sec. 26-72	Candidate's Oath		
Н.	DS-DE 104 (09/11)	150 CERTIFIED Candidate Petition Cards		
I.	DS-DE 302NP (10/23)	Candidate's Oath– Nonpartisan Office		
J.	Form 6 receipt- https://disclosure.floridaethics.gov/Account/Login?ReturnUrl=%2f			
	* Documents not necessary to qualify, but needed.			
К.	F.S. 101.5612(1) Notice of Test	(1) Notice of Test for the Ballot Counting Equipment *		
L.	F.S. 101.62(3) Oath of Acqui	. 101.62(3) Oath of Acquisition (SOE Rev. 06/25/2020 NS)*		

APPOINTMENT OF CAMPAIGN TREASU 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 office opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: (Please Print or Type Name)	er/Depu <b>3. Add</b>	-	pository PO Box	O or Street	OFFICE USE ONLY Iffice Party , City, State, Zip Code):	
4. Telephone: 5. Candidate's Vote	r Registra	tion #:	6. Email Ac	Idress:		
	-					
( ) (not required for qual 7. Office Sought (include district, circuit, group, or sea			If a candida	te for a j	nonpartis	an office, check the box
	,	if a	<b>pplicable:</b> I intend to ru	_	-	
9. If a candidate for <u>partisan</u> office, check the box a	nd fill in t					
☐ Write-In Candidate. ☐ No Party Affiliation Candi	date. 🗌					Party candidate.
10. I have appointed the following person to act as	s my:	Camp	aign Treasur	er	□ De	puty Treasurer
11. Name of Treasurer or Deputy Treasurer:	, <b>,</b>		ephone:			ail Address:
		(	)			
14. Mailing Address:	15. Cit	y:		16. St	ate:	17. Zip Code:
	<u> </u>		\			
<ul><li>18. I have designated the following bank as my (c</li><li>19. Name of Bank:</li></ul>	neck appr		ddress:	ary Depo		Secondary Depository
21. City:	22. Co	unty:		23. St	ate:	24. Zip Code:
UNDER PENALTIES OF PERJURY, I DECLARE THAT	I HAVE R	EAD THE	FOREGOING	FORM F	OR THE A	PPOINTMENT OF THE
CAMPAIGN TREASURER AND DESIGNATION OF THE	CAMPAIG		SITORY AND 1 gnature of C			STATED IN IT ARE TRUE.
25. Date:		X	gratare er e			
27. Treasurer's Acceptance of Appointr	nent (fill ir		nks and chec	k the ap	oropriate k	pox)
I,(Please Print or Type Name)		do hei	eby accept th	ne appoi	ntment de	signated above as:
🗌 Campaign Treasure	r		Deputy T	reserve	-	
	ч.	29. S				rer or Deputy Treasurer
28. Date:		X	3	anipuig		
DS-DE 9 (Rev. 09/23)						Rule 1S-2.0001, F.A.C.

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

City of Dunedin
<b>Application and Acknowledgment of Electronic</b> Filing Information
1. CHECK APPROPRIATE BOX(ES)



1. CHECK APPROPRIATE BOX(ES)					
$\Box$ Candidate $\Box$ Treasurer/Deputy $\Box$ Committee $\Box$ Committee Treasurer					
2. Name of Candidate/	Committee (First, Middle, Last)	3. Address (include P.O. box or street, city, state, zip code)			
4. Telephone	5. E-mail address				
available online at https://c		ity Clerk using the electronic campaign finance reporting system <u>ice.com</u> (the "System") unless an alternative filing procedure is pplicable law.			
or committee. Each user who Once credentials have been such time as the City Clerk i	Credentials to log into the System are approved on an individual basis and may not be shared–even with member of the same campaign or committee. Each user who is approved for credentials is responsible for protecting those credentials from disclosure or compromise. Once credentials have been approved for a user, that user is deemed responsible for every report filed using those credentials until such time as the City Clerk is notified of disclosure or compromise of those credentials. Campaign or committee must immediately notify the City Clerk if any user associated with that campaign or committee becomes ineligible to hold the credentials issued to that user				
	before midnight at the end of the due or 106.29(3), as applicable.	date. Late-filed reports are subject to fines pursuant to Florida			
the correctness of the report	in accordance with Florida Statutes se	ve electronically signed the report under oath and to have certified ctions 106.07(5) or 106.29(2), as applicable; (ii) is responsible for all act by certifying a report that is known to be incorrect, false, or			
A report is deemed filed with the City Clerk only when the System issues a receipt confirming the date and time at which the report was filed. The system will issue a separate notice for the subsequent acceptance or rejection of the report by the City Clerk. Once a report has been filed with the City Clerk, it may be changed only by filing an amendment to that report.					
candidate's internet access a	at a residence, office, coffee shop, etc	cessary to access the System, and problems with an individual do not excuse late filing by that candidate. The City Clerk will went that the Reporting System is <i>generally</i> unavailable and all			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ AND UNDERSTAND THE FOREGOING FORM FOR APPLICATION AND ACKNOWLEDGEMENT OF ELECTRONIC FILING INFORMATION AND THAT THE FACTS STATED IN IT ARE TRUE.					
6. Date	7	. Signature of Candidate/Committee Chair			
8. <b>Treasurer's Applica</b> the appropriate block		lectronic Filing Information (fill in the blanks and check			
I, the Candidate/Com	(prin (prin	ted name), hereby acknowledge that I am representing n Treasurer			
Date		Signature of Treasurer or Deputy Treasurer			

## **Qualifying Fee**

(Ordinance 17-32, Established new annual salary of the City Commission)













**Commissioner \$11,500 \$115.00** 

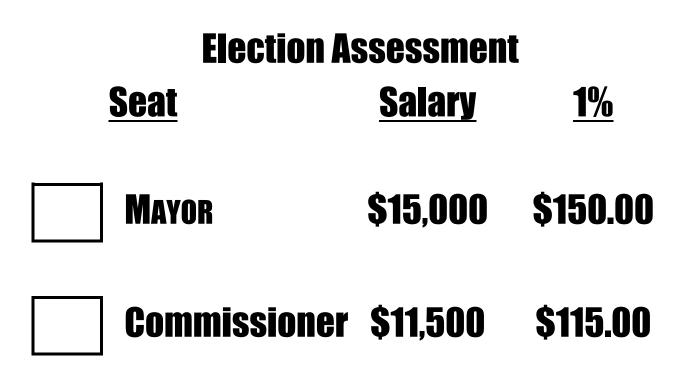
#### Please make check payable to:

The City of Dunedin

#### Pursuant to Dunedin Code, Sec. 26-73, Method of Qualifying,

#### (d) Alternative Qualifying methods

- (1) As an alternative method of qualifying for those individuals unable to pay the qualification fee. a petition containing the signatures of electors equal in number to one percent of the total registered electors of the city as of the most recent preceding regular city election may be filed with the city clerk, together with the required gualification papers, requesting that the individual's name be placed on the next city ballot for the office designated on the petition. The petition shall be filed with the city clerk no later than the sixtieth day preceding the next city election, pursuant to section 26-74."
- (2) The petition shall be transmitted by the city clerk to the supervisor of elections for signature verification pursuant to F.S. § 99.097. The supervisor shall return the petition to the city clerk within ten days after receipt together with a certification of the number of signatures of city electors on the petition and whether that number equals or exceeds the requisite number. The cost of signature verification shall be paid pursuant to F.S. § 99.097(4), except that in the event a candidate is entitled to have the signature verified at no cost of such verification, not to exceed \$0.10 per signature, to the city for payment. A candidate is entitled to have the petition signatures verified at no cost to that candidate, provided that he executes an affidavit, under oath, that the candidate cannot pay the charges for verification without imposing an undue burden upon the financial resources available to the candidate. Such affidavit shall be filed with the city clerk together with the petition.
- (3) Upon receipt of the supervisor's certification, the city clerk shall notify the candidate of the results of the verification, and if the requisite number of valid signatures was attained, the city clerk shall place the candidate's name on the next city election ballot, and the candidate shall be considered as having qualified as of the date of the date the petition was filed.



#### Please make check payable to: The City of Dunedin

Pursuant to F.S. § 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 one (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 transfer to the Elections Commission Trust Fund with the Department of Legal Affairs.
- (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.

## PERSONAL RESIDENCY AFFIDAVIT/OATH

**Pursuant to the Dunedin City Charter, Section 5.01, Elections,** "All persons qualified to vote as an elector of this State, under the Constitution and Statutes of the State of Florida, who reside within the corporate boundaries of the City of Dunedin, and who are duly registered on the registration books of Pinellas County shall be qualified electors of the City of Dunedin in all elections except as otherwise provided by law."

Pursuant to the Dunedin City Code, Section 26-73(c)(3) "As a condition precedent to qualifying, the candidates shall be required to file with their petition cards personal affidavits showing that they are residents of the city, having physically resided therein for a period of at least one year immediately prior to submitting the petition cards and are qualified electors of the city.

I, \_\_\_\_\_\_\_ being duly sworn, depose and say that I am a citizen of the United States of America, and that I am a resident of the City of Dunedin, Florida, and have been a resident of the City, having physically resided therein for a period of at least one (1) year immediately prior to submitting the petition cards and am a qualified elector of the city.

I hereby acknowledge having been advised of the provisions of Florida Statutes, Subsection 104.011, which provides:

Whoever is found guilty of willful and corrupt swearing or affirming or willfully and fraudulently subscribes to any oath or affirmation, or willfully corruptly procures another person or swear or affirm falsely, or subscribes an oath or affirmation in connection with or arising out of voting, registration or elections shall be found guilty of a felony of the third degree, punishable as provided in Florida Statutes, Subsection 775.083, or Subsection 775.084.

na i	y i na i n	। । तथ ।
Signature:		
Printed Name.		
Mailing Address:		
Residence Address:		_
City, State, Zip Code:		
Telephone: STATE OF FLORIDA COUNTY OF PINELLAS		
The foregoing instrument was ackno or □ online authorization, by to me or □ has produced duly sworn, acknowledges that he/sho correct, this day of	e has read the foregoi	, who □ is personally known as identification, and, being first ng and that the same is true and
SEAL	,	
		(Signature)
	Typed or Printed Name	
	Commission No.	
	Commission Expires	
	-	Dunedin City Code, Section 26-73(c)(3)

## CANDIDATE'S OATH

#### State of Florida County of Pinellas

Before me, an officer authorized to administer oaths, personally appeared

\_\_\_\_, to me well known, who, being sworn,

(please print your name as you wish it to appear on the ballot)

says that as a candidate of the office of \_\_\_\_\_;

that he/she is a qualified elector of Pinellas County, Florida; that he/she is qualified under the Constitution and the laws of Florida to hold the office to which he/she desires to be nominated or elected; that he/she has taken the oath required by F.S. § 876.05-876.10; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned from any office which he/she is required to resign pursuant to F.S. § 99.012.

(Signature of Candidate)

(Address)

#### STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before m	ne, by means of $\Box$ physical presence or
online authorization, by	, who is 🛛 personally known to me
or  has produced	as identification, and, being first duly
sworn, acknowledges that he/she has read the forego	ing and that the same is true and correct,
this day of	, 2023.

SEAL

(Signature)

Typed or Printed Name

Commission No.

**Commission Expires** 

Dunedin City Code, Section 26-72(b)

CANDIDATE PETITIONNotes:- All information on this form becomes a public record upon receipt by the Superviso - It is a crime to knowingly sign more than one petition for a candidate. [Section 104 - If all requested information on this form is not completed, the form will not be valid	4.185, Florida Statutes]				
I,	the undersigned, a registered voter				
(print name as it appears on your voter information card)					
in said state and county, petition to have the name of					
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]					
(insert title of office and include district, circuit, group, seat numbe	r, if applicable)				
Date of Birth or Voter Registration Number (MM/DD/YY)     Address					
City County State	Zip Code				
Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]				
Rule 1S-2.045, F.A.C.	DS-DE 104 (Eff. 09/11)				

CANDIDATE OATH	
<b>NONPARTISAN OFFICE</b> (Do not use this form if a Judicial or School Board Candidate) Check box <b>only</b> if you are seeking to qualify as a write-in	
candidate:	
Write-in candidate	
	OFFICE USE ONLY
Cand	lidate Oath
Name to appear on ballot:	
Check box if two last names without h	yphen. (Name cannot be changed after qualifying.)
Check box if name includes nickname. (For use of a n	ickname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office	of,,
; I am a qualified elec (Circuit #) (Group or Seat #)	otor of County, Florida;
	ing Fines, Fees, or Penalties eed \$250, for ethics or campaign finance violations ( <i>s. 99.021(1)(d), F.S.).</i>
	NO, I Do Not
If you do, you must also specify the amount owed and each e	
X ( )	
Signature of Candidate Telephone Numb	ber Email Address
Address of Legal Residence City	State ZIP Code
STATE OF FLORIDA	
COUNTY OF	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:
online notarization OR physical presence	
this, 20	
Personally Known OR Produced Identification	
Type of Identification Produced:	
DS-DE 302NP <mark>(</mark> Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

#### 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 requi	red if using nickname for the ballot.)
My legal name is affidavit are true and correct.		I am over the age of eighteen (18) and the contents of this
My nickname is of my legal name. I have not created the nickname to mislead voter a political slogan or otherwise associate me with a cause or issue, or		s. My nickname does not imply I am some other person, constitute
Signature of Candidate:		
STATE OF FLORIDA		
COUNTY OF		
		Signature of Notary Public
Sworn to (or affirmed) and subscribed be	efore me by means	Print, Type, or Stamp Commissioned Name of Notary Public below:
of online notarization D OR phy	sical presence 🗌	
this day of	, 20	
Personally Known OR Produc	ed Identification	
Type of Identification Produced:		
DS-DE 302NP (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.

#### 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.

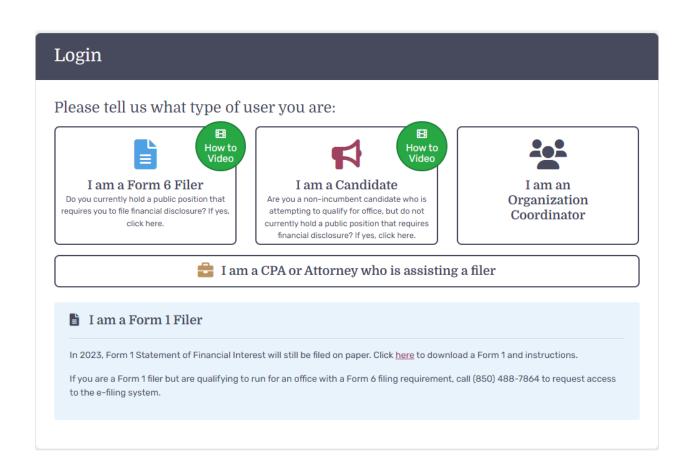
		Vowels			
Stressed Vowel Sounds Unstressed Vowel Sounds			rd Vowel Sounds		
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger		
I	(FIT) f <i>i</i> t				
E	(BED) bed				
А	(KAT) cat (KAD) cad				
AH	(FAH-thur) father (PAHR) par				
AH	(HAHT) h <i>o</i> t (TAH-dee) toddy				
UH	(FUHJ) fudge (FLUHD) flood				
UH	(CHUHRCH) ch <i>u</i> rch				
AW	(FAWN) f <i>aw</i> n	Certain Vo	owel Sounds with R		
U	(FUL) f <i>u</i> ll	AHR	(PAHR) p <i>ar</i>		
00	(FOOD) food	ER	(PER) p <i>air</i>		
OU	(FOUND) found	IR	(PIR) peer		
0	(FO) foe	OR	(POR) p <i>our</i>		
EI	(FEIT) f <i>i</i> ght	OOR	(POOR) poor		
AI	(FAIT) fate	UHR	(PUHR) p <i>urr</i>		
01	(FOIL) f <i>oi</i> l				
Y00	(FYOOR-ee-uhs) furious				
		Consonants			
В	(BED) <i>b</i> ed	R	(RED) red		
D	(DET) debt	S	(SET) set		
F	(FED) fed	Т	(TEN) ten		
G	(GET) get	V	(VET) vet		
Н	(HED) head	Y	(YET) yet		
HW	(WHICH) which	W	(WICH) witch		
J	(JUHG) jug	СН	(CHUCRCH) church		
К	(KAD) cad	SH	(SHEEP) sheep		
L	(LAIM) /ame	TS	(ITS) its (PITS-feeld) Pittsfield		
Μ	(MAT) mat	TH	(THEI) thigh		
N	(NET) net	TH	(THEI) thy		
NG	(SING-uhr) singer	ZH	(A-zhuhr) azure (VI-zhuhn) vision		
Р	(PET) pet	Z	(GOODZ ) goods( HUH-buhz-tuhn)		
			Hubbardston		
	Examples of	Phonetically Spe	elled Names		
NAME OF	N BALLOT	PRONOU			
Mishaud			mee-SHO ('d' is silent)		
Jahn			HAHN (rhyme: fawn)		
Beauprez			boo-PRAI (rhyme: hooray)		
Maniscalco			man-uh-SKAL-ko		
Tangipah	Da		TAN-ji-pah-HO-uh		
Monte			Mahn-TAI		
Tanya		TAWN-yu	h (not TAN)		

#### DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

#### Form 6

**Electronic Financial Disclosure Management** 

https://disclosure.floridaethics.gov/Account/Login?ReturnUrl=%2f



### Announcements

 WELCOME to the new Electronic Financial Disclosure Management System (EFDMS)! Pursuant to statute, beginning January 1, 2023, ALL FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS (Form 6, Form 6X, and the 2023 Form 6F) must be filed utilizing this system. Instructions, FAQs, and tutorials are available from the dashboard within EFDMS. Additional assistance can be obtained Monday-Friday from 8:00 a.m. until 5:00 p.m. by contacting the Commission.

- Filers are urged to allow ample time to become acquainted with the e-filing system prior to the filing deadline of July 3, 2023.
- Filers who have not yet accessed their invitation to register must contact the Commission as soon as possible. Filers are strongly encouraged to file well before the July 3 deadline.
- The recording of the June 7, 2023 webinar overview of EFDMS is now available.
- If you have an annual filing requirement AND are running for office, you will complete your disclosure in EFDMS and submit your filing electronically to the Commission, then print a copy of your disclosure to file with your Qualifying Officer or print a verification/receipt of efiling your form.
- If you are a Candidate who does not currently hold an office or other position requiring disclosure, you will complete your disclosure in EFDMS via the "I am a Candidate" link and print it for filing with your Qualifying Officer. You will not submit your disclosure to the Commission electronically.
- All communication about filing requirements and due dates for filers will be provided via email only. Filers **MUST** maintain a current email address in EFDMS. Failure to maintain a current email address will not qualify as an "unusual circumstance" during an appeal of an automatic fine for failure to timely file a Form 6.



## **City of Dunedin**

737 Louden Ave. Dunedin, Florida 34698 727-298-3039 www.dunedingov.com

## **CERTIFICATION OF RECEIPT**

### NOTICE OF CANVASSING BOARD MEETING SCHEDULE

In accordance with the provisions of Chapter 101, 101.5612(1), Florida Statutes, notice is hereby given that accuracy tests certification of the ballot counting equipment to be used in the General Election to be held on **Tuesday**, **November 05**, **2024**, will be conducted as follows:

#### TESTING THE BALLOT COUNTING EQUIPMENT (464-4958):

The Supervisor will test the ballot counting equipment and file the election parameters with the Division of Elections. All tests will be performed at the Election Service Center located at 13001 Starkey Road in Largo, Florida; and the Pinellas County Canvassing Board shall be responsible for canvassing the election. The List of Tests and the Canvassing Board Schedules is attached to this page.

## **The**

## Canvassing Board Meeting Schedule will be attached to this page.

NOTE!!!! The Supervisor of Elections will publish the Testing of Ballot Counting Equipment and the Canvassing Board Schedule pursuant to F.S. 101.5612(1) - At least 48 hours prior to test

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_\_ 2022.

Rebecca Schlichter City Clerk

In accordance with 101.5612(1), Florida Statutes, I hereby certify that I have received notice of the scheduled dates for the testing of the ballot counting equipment to be used in the General Election, as described above.

Candidate

Date

Page 1 of 2

# WILL PROVIDE

when the Pinellas County Supervisor of Elections has the schedule.

#### OATH OF ACQUISITION FOR LIST OF VOTERS REQUESTING VOTE-BY-MAIL BALLOTS

Florida Statute 101.62(3) provides that for political purposes only the following can request a list of registered voters who have requested absentee ballots:

- $\Box$  A canvassing board
- $\Box$  An election official
- □ A political party or political party official
- A candidate who has filed qualification papers and is opposed in an upcoming election
- □ A registered political committee

Please check the appropriate box above and complete the following statement(s) as applicable: I hereby swear or affirm that I am authorized to receive this information

(Print Name)		(Signature)		
(Title)	(Email)		(Phone)	
I authorize the follow	ving person(s) to place a	and accept orders on	n my behalf.	
Designated Represe	ntative(s):			
(Print Name)		(Email, Phone	e)	
(Print Name)		(Email, Phone	;)	
Signature MUST be	e notarized or witnesse	ed by a Deputy Sup	pervisor of Elections:	
(A) Sworn to and sub	oscribed before me, a N	otary Public of the S	State of Florida, this	day of
	, 20			
Signature of Notary	Public:			
Print, Type, or Stamp	Commissioned Name	of Notary Public:		
Personally know	vn ORProduced Id	dentification		
Type of Identification	n Produced:			
	oscribed before me, the day of		• •	ons of Pinellas
Signature of Superv	visor or Deputy:			
•	owledge, the informatic upervisor of Elections I	11	•	11
Julie Marcus, Pinella	s County Supervisor of	Elections		

13001 Starkey Road, Largo, Florida 33773