

## BASIC STEPS TO START QUALIFYING EARLY

### 1. To start the qualify process

- A. Pick up documents A and B from the City Clerk's Office
- B. Fill out and return documents A & B below to the City Clerk's Office

\*\*\*\*\* *City Clerk will provide you with the Election Materials*

The Qualifying Period STARTS at 8 a.m. on July 13, 2020

### 2. To finish the qualifying process

- C. Pay Qualifying Fee **WITH A CAMPAIGN CHECK**
- D. Pay Election Assessment **WITH A CAMPAIGN CHECK**

**Make checks payable to the City of Dunedin**

- E. Fill out and return documents E through K to the City Clerk's Office
- F. Upon signature verification of 150 Petition Cards & all documents in Tab 4 of the election materials/packet, the City Clerk will notify you that you are a qualified candidate.

The Qualifying Period ENDS at Noon on July 27, 2020.

## TAB 4

### QUALIFYING DOCUMENTS

|   |   |
|---|---|
| A. DS-DE 9 (1010)   | Appointment of Campaign Treasurer             |
| B. DS-DE 84 (5/11)  | Statement of Candidate                        |
| C. City Code, Sec. 26-73(b)(1)                                  | Qualifying Fee                                |
| D. F.S., Sec. 99.093  | Election Assessment                           |
| E. Dunedin City Charter, Sec. 5.01                              | Registered Voter & Resident Oath              |
| F. City Code, Sec. 26-72  | Candidate's Oath                              |
| G. DS-DE 104 (09/11)  | <b>150 CERTIFIED</b> Candidate Petition Cards |
| H. DS-DE 302NP (11/17)  | Candidate's Oath – Nonpartisan Office         |
| I. Form 1 Statement of Financial Interests 2019 (Eff. 01/2020 ) |   |

\* Documents not necessary to qualify, but needed.

|                     |  |
|---------------------|--|
| J. F.S. 101.5612(1) | Notice of Test for the Ballot Counting Equipment * |
| K. F.S. 101.62(3)   | Oath of Acquisition (SOE Rev. 12/20/2016 NS)*      |

**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

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3. Address (include post office box or street, city, state, zip code)

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(      )

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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

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, \_\_\_\_\_,

candidate for the office of \_\_\_\_\_;

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

X \_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

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