### 2024 QUALIFYING CHECKLIST FOR CLERK OF COURT CANDIDATES (No Party Affiliation)

Required Forms
□DS-DE 9- Appointment of Campaign Treasurer and Designation of Campaign Depository
□DS-DE 84– Statement of Candidate
□ DS-DE 301B – Candidate Oath State & Local Partisan Office (Without Party Affiliation) □ Candidate Oath is notarized  Note: Candidate's name will appear on the ballot as it is written on the candidate oath (Form DS-DE 301B)
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□ Form 6 – Copy or confirmation of receipt 2023 Full & Public Disclosure of Financial Interests  Note: All disclosures must be filed electronically with the Commission on Ethics via the Electronic Financial  Disclosure Management System.
Qualifying Method
Qualifying Fee Amount: \$8,236.72
☐ Campaign Check
☐ Signed by Treasurer or Deputy Treasurer
Note: Checks must be made payable to Hillsborough County Supervisor of Elections
or
☐ Certificate of Petition Qualifying
Note: Candidate must provide a copy of their qualifying certificate along with their qualifying documents.
Other Candidate Forms
☐Acknowledgment of Receipt of Information
☐Candidate Contact Information Sheet
□Vote By Mail Data Request Form (optional)
= vote by Mail Bata Request Form (optional)

#### 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 filing officer before opening the campaign account.

OFFICE USE ONLY

opening the campaign account.						'	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX	K(ES):						
$\square$ Initial Filing of Form $\square$ Re	-filing to Change:	Treasur	er/Depu	ty 🗌 Dep	oository	Office	e 🗌 Party
2. Name of Candidate (in this order: First, Middle, Last):  (Please Print or Type Name)			3. Add	ress (include	PO Box	or Street, Cit	y, State, Zip Code):
4. Telephone:	5. Candidate's Voter	Registra	tion #:	6. Email Ad	dress:		
( )	(not required for qualif						
7. Office Sought (include district	<ul> <li>7. Office Sought (include district, circuit, group, or seat #):</li> <li>8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:</li> <li>☐ I intend to run as a Write-In Candidate.</li> </ul>						
9. If a candidate for <u>partisan</u> or	ffice, check the box ar	nd fill in t	he nam	e of the party	as app	olicable: I inte	end to run as a
☐ Write-In Candidate. ☐ No	Party Affiliation Candid	date. 🗌					_ Party candidate.
10. I have appointed the follo	wing person to act as	my:	] Camp	aign Treasure	er	☐ Deputy	<sup>,</sup> Treasurer
11. Name of Treasurer or Dep	outy Treasurer:		12. Te	ephone:		13. Email A	Address:
			(	)			
14. Mailing Address:		15. Cit	y:		16. St	ate:	17. Zip Code:
18. I have designated the following	lowing bank as my (ch	neck appro	opriate b	ox): Prima	ary Depo	ository 🔲 S	econdary Depository
19. Name of Bank:							
21. City:		22. Co	unty:		23. St	ate:	24. Zip Code:
UNDER PENALTIES OF PERJ CAMPAIGN TREASURER AND							
25. Date:	26. Signature of Candidate:  X						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I,(Please Print	or Type Name)		_do hei	eby accept th	e appoir	ntment desigr	nated above as:
]	☐ Campaign Treasurer. ☐ Deputy Treasurer.						
28. Date:	29. Signature of Campaign Treasurer or Deputy Treasurer  X				or Deputy Treasurer		
DS-DE 9 (Rev. 09/23)						Ru	le 1S-2.0001, F.A.C.

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

DS-DE 84 (05/11)

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OFFI	GE !	USE	ON	LT

I,	· · · · · · · · · · · · · · · · · · ·
candidate for the office of	<u> </u>
have been provided access to read and understand	d the requirements of
Chapter 106, Florida Statutes.	
X	
Signature of Candidate	Date
Each candidate must file a statement with the qualifying of Appointment of Campaign Treasurer and Designation of Camfailure to file this form is a first degree misdemeanor and a Financing Act which may result in a fine of up to \$1,000, (ss. Statutes).	paign Depository is filed. Willful civil violation of the Campaign

# CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITHOUT PARTY AFFILIATION

			OFFICE USE ONLY
	Candida	te Oath	OFFICE COL CIVET
Name to appear on ballot:			
Check b	ox if two last names without hyphen		
Check box if name includes nick	name. (For use of a nickna	me, you must complete the Nickname	Affidavit on reverse side.)
I swear or affirm that I am a candidate	e for the office of	(Office)	,, (District #)
			, ,
(Circuit #) (Group or Seat #	; I am a qualified elector o	f	County, Florida;
I am a qualified elector under the Co have qualified for no other public office have resigned from any office from w Constitution of the United States and the	in the state, the term of which ohich I am required to resign p	office or any part thereof runs concur ursuant to Section 99.012, Florida S	rent with the office I seek; and I
	Statement of No	Party Affiliation	
I am registered without any party affilia of qualifying preceding the general ele	<del>-</del>	* * * * * * * * * * * * * * * * * * * *	r 365 days before the beginning
State	ement of Outstanding	Fines, Fees, or Penalties	•
	•		
I owe outstanding fines, fees, or penal	ties, that cumulatively exceed \$	250, for ethics or campaign finance v	iolations (s. 99.021(1)(d), F.S.).
	YES, I Do	NO, I Do Not	
If you do, you must also specify the	amount owed and each entity	that levied the same on the revers	se side.
V	( )		
Signature of Candidate	Telephone Number	F	mail Address
orginature of Garianate	relephene reamber	_	mail / taarees
Address of Legal Residence	City	State	ZIP Code
STATE OF FLORIDA			
COUNTY OF		O'markens of Nataur Dublis	
		<b>Signature of Notary Public</b> Print, Type, or Stamp Commissioned	d Name of Notary Public below:
Sworn to (or affirmed) and subscribed	· —		·
online notarization  OR p	physical presence		
this day of	, 20		
Personally Known OR Prod	uced Identification		
Type of Identification Produced:			
DS-DE 301B (Eff. 10/2023)			Rule 1S-2.0001, F.A.C.

	Phonetic Spelling of Name
	(not required for qualifying purposes): Print the name phonetically on the line below as you allot as may be used by persons with disabilities (see instructions on page 3 of this form):
Statem	ent of Outstanding Fines, Fees or Penalties
Pursuant to Section 99.021(1)(d), F.S. candidate, shall, at the time of subscribir or penalties that cumulatively exceed \$25	, each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in ng to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, 50 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or
Amount	Entity
Affidavit of	Nickname (Only required if using nickname for the ballot.)
My legal name isaffidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this
of my legal name. I have not created the	. I am generally known by this nickname or have used it as part e nickname to mislead voters. My nickname does not imply I am some other person, constitute me with a cause or issue, or that is obscene or profane.
Signature of Candidate:	
STATE OF FLORIDA	
COUNTY OF	
Sworn to (or affirmed) and subscribed be of online notarization   OR phy this day of OR Produc	rsical presence
Type of Identification Produced:	
Type of Identification (Troduced	
DS-DE 301B (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

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## **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			d Vowel Sounds			
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger			
	(FIT) fit		, , , , ,			
E	(BED) bed					
Α	(KAT) cat (KAD) cad					
AH	(FAH-thur) father (PAHR) par					
AH	(HAHT) hot (TAH-dee) toddy					
UH	(FUHJ) fudge (FLUHD) flood					
UH	(CHUHRCH) church					
AW	(FAWN) fawn	Certain Vo	owel Sounds with R			
U	(FUL) full	AHR	(PAHR) par			
00	(FOOD) food	ER	(PER) pair			
OU	(FOUND) found	IR	(PIR) peer			
0	(FO) foe	OR	(POR) pour			
El	(FEIT) fight	OOR	(POOR) poor			
Al	(FAIT) fate	UHR	(PUHR) purr			
OI	(FOIL) foil					
Y00	(FYOOR-ee-uhs) furious					
	•	Consonants				
В	(BED) bed	R	(RED) red			
D	(DET) debt	S	(SET) set			
F	(FED) fed	T	(TEN) ten			
G	(GET) get	V	(VET) vet			
Н	(HED) head	Υ	(YET) yet			
HW	(WHICH) which	W	(WICH) witch			
J	(JUHG) jug	СН	(CHUCRCH) church			
K	(KAD) cad	SH	(SHEEP) sheep			
L	(LAIM) /ame	TS	(ITS) its (PITS-feeld) Pittsfield			
M	(MAT) mat	TH	(THEI) <i>th</i> igh			
N	(NET) net	TH	(THEI) thy			
NG	(SING-uhr) si <i>ng</i> er	ZH	(A-zhuhr) azure (VI-zhuhn) vision			
Р	(PET) pet	Z	(GOODZ) goods(HUH-buhz-tuhn)			
			Hubbardston			
	Francisco	Dhanaticalla Car	Had Names			
NA NATION		Phonetically Spe				
	NAME ON BALLOT PRONOUNCED AS					
	Mishaud mee-SHO ('d' is silent)					
Jahn			HAHN (rhyme: fawn) boo-PRAI (rhyme: hooray)			
Beauprez			• • • • • • • • • • • • • • • • • • • •			
Maniscalo		man-uh-SI				
01			TAN-ji-pah-HO-uh Mahn-TAI			
Monte			TAWN-yuh (not TAN)			
Tanya TAWN-yuh (not TAN)						

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

#### ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

This is to acknowledge receipt of the following items:

- 1. Calendar of Reporting Dates
- 2. Notification of Logic and Accuracy Testing (For Primary and General Election)
- 3. Sign Information
- 4. Candidate & Campaign Treasurer Handbook
- 5. Florida Election Laws

I understand that the following information is sent electronically and that if I do not receive it within one business day after initially filing my Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates, DS-DE 9, it is my responsibility to contact the office to let them know the information was not received.

- 1. Electronic Filing Login Name and Password
- 2. Campaign Finance User's Manual

	Candidate's Signature	
Date Signed	Print Candidate's Name	

#### **Candidate Contact Information**

Name of Candidate:	
Office Sought (include distri	ict/group number):
_	
Address	
Phone Number	
Email Address	
*Alternative Conta	ıct
Name	
Phone	
Email Address	

This information is for our internal use and will not be published on our website. However, please be aware that Florida has a very broad public records law. Written communications to or from the Supervisor of Elections are public records and are available to the public and media upon request unless the information is subject to a specific statutory exemption. Email addresses are also public records. If you do not want your email address released in response to a public records request, please contact us by mail or phone, or visit us in person.

#### REQUEST FORM FOR VOTE BY MAIL DATA

Vote By Mail ballot request information is confidential and exempt from public disclosure under F.S. 101.62(2), except to the following persons or entities:

1) Canvassing board, 2) Election official, 3) Political party or official thereof, 4) Registered political committees for political purposes only, 5) Candidate who has filed qualification papers and is opposed in an upcoming election, and 6) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence).

For electronic access to Vote by Mail request information from the Supervisors of Elections, check the applicable authorization category and submit this completed form:

A candidate who has fi	led qualif	ication papers and is opposed in	n an u	pcoming election
□ Canvassing Board				
☐ An Election Official				
☐ Registered Political Co	mmittee 1	for political purposes only		
☐ A Political Party or Off	icial There	eof		
Full Name:		Phone No	:	
Street Address:				
City:				
E-mail Address:				
	(Wher	e the login credentials will be sent)		
Vote By Mail voter data for the				Election Cycle
l affirm that I am a person authoriz	ed by F.S.	101.62(2), to acquire Vote by Mai	l ballo	t request information.
Signature:				Date:
Mail completed form to: Supervisor of Elections Attn: Candidate Services	OR	Scan and return by email: Enjoli White at ewhite@votehillsborough.gov		Fax to: (813) 272-7043 Attn: Candidate Services

VoteHillsborough.gov



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